

State Tag Crosswalk

CHAPTER N.J.A.C. 8:43

STANDARDS FOR LICENSURE OF RESIDENTIAL HEALTH CARE FACILITIES

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***To make a complaint about a New Jersey licensed residential health care facility,
call 1-800-792-9770 (toll-free hotline)***

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R 0000	Initial Comments
SUBCHAPTER 1. DEFINITIONS AND QUALIFICATIONS	
8:43-1.4 Qualifications of the administrator of a residential health care facility	
R 0100 8:43-1.4(a)(1-3)	<p>(a) The administrator of a residential health care facility shall be in good physical and mental health, be of good moral character, exhibit concern for the safety and well-being of residents, and shall:</p> <ol style="list-style-type: none"> 1. Complete a training course approved by the Department of Human Services, or other equivalent training as approved by the Department of Health and Senior Services, within one year of his or her employment as administrator; 2. Hold a current New Jersey license as a nursing home administrator, or be eligible to take the New Jersey Nursing Home Administrator's Licensing Examination, according to Department of Health and Senior Services requirements found in N.J.A.C. 8:34; or 3. Complete an assisted living training course approved by the Department of Human Services as specified at N.J.A.C. 8:36-1.5(a)3.
R0103 8:43-1.4(b)	(b) The owner of a residential health care facility who meets the qualifications listed in (a) above may also serve as the administrator
8:43-1.5 Qualifications of direct care staff	
R 0104 8:43-1.5(a)(1-3)	<p>(a) The facility shall exercise good faith and due diligence to ensure that staff providing direct care and resident supervision to residents in the facility:</p> <ol style="list-style-type: none"> 1. Are in good physical and mental health, emotionally stable, of good moral character, are concerned for the safety and well-being of residents 2. Have not been convicted of a crime relating adversely to the person's ability to provide resident care, such as homicide, assault, kidnapping, sexual offenses, robbery, and crimes against the family, children or incompetents, except where the applicant or employee with a criminal history has demonstrated his rehabilitation in order to qualify for employment at the facility; and 3. Are at least 18 years of age, have obtained working papers, or are supervised at all times by an employee who is at least 18 years of age. At a minimum, one employee who is 18 years of age must be present in the facility at all times.
SUBCHAPTER 2. LICENSURE PROCEDURES	
8:43-2.9 Special residential health care services	
R 0200 8:43-2.9(a)	(a) Any existing or new residential health care facility proposing to establish a specialized program where the residents in such a program shall constitute a substantial proportion of its census shall submit a plan for provision of services appropriate to the needs of these residents. Such a plan shall be reviewed by the Department and approval shall be received prior to the initiation of such admissions and services. This requirement shall not apply to a facility which is serving residents with special needs (for example, mental illness or diabetes) as part of its normal admission and retention policies.

R 0201 8:43-2.9(b)	(b) The Department may impose operational standards derived from the plan submitted by the facility and from other licensure rules appropriate to this population as a condition on the issuance of a license. Such conditions shall be subject to the enforcement actions and procedures specified at N.J.A.C. 8:43E-3, All Health Care Facilities Enforcement of Licensure Regulations
SUBCHAPTER 3. PHYSICAL PLANT	
8:43-3.1 Scope	
R 0300 8:43-3.1(a)(c)(1)(2)	<p>(a) The rules set forth in this subchapter shall apply to new construction and to alterations and renovations that are subject to the rules of new construction pursuant to (c) below</p> <p>(c) Requests for variations and waivers of physical plant standards may be submitted as follows:</p> <ol style="list-style-type: none"> 1. A request for a variation to the requirements of the N.J.U.C.C. shall be submitted to the N.J. Department of Community Affairs, Health Facilities Plan Review Unit, and shall be reviewed in accordance with N.J.A.C. 5:23-2.9 through 2.13. 2. A request for a waiver of any physical environment standard contained in this manual whose compliance with or correction creates a financial hardship may be submitted to the N.J. Department of Health and Senior Services and shall be reviewed in accordance with N.J.A.C. 8:43-2.8.
R 0301 8:43-3.1(b)(1)(2)	<p>(b) New construction, repairs, alterations, or renovations of residential health care facilities shall comply with the New Jersey Uniform Construction Code N.J.A.C. 5:23 (N.J.U.C.C.) as follows:</p> <ol style="list-style-type: none"> 1. New construction shall comply with N.J.A.C. 5:23-3. 2. Repairs, renovations, alterations, and reconstruction of existing residential health care facilities shall comply with N.J.A.C. 5:23-6, Rehabilitation Subcode.
8:43-3.2 Fire suppression systems	
R 0305 8:43-3.2	In new construction, fire suppression systems shall be installed in accordance with all applicable sections of N.J.A.C. 5:23 and 5:70.
8:43-3.3 Room sizes	
R 0306 8:43-3.3(a)(1)	<p>(a) Resident bedroom size requirements shall be as follows:</p> <ol style="list-style-type: none"> 1. Sleeping rooms for one resident shall have a minimum of 90 square feet of clear and usable floor area. "Clear and usable floor area" means space exclusive of toilet rooms, fixed closets, fixed wardrobes, alcoves, or vestibules.
R 0307 8:43-3.3(a)(2)	<p>(a) Resident bedroom size requirements shall be as follows:</p> <ol style="list-style-type: none"> 2. Sleeping rooms occupied by more than one resident shall have a minimum of 70 square feet of clear and usable floor area per resident. There shall be three feet of clear space between beds and at the foot of each bed to insure comfort and safety to residents. Space for storage of personal possessions and a non-folding armchair shall be provided for each bed.
R 0308 8:43-3.3(b)(1)	<p>(b) Living and recreation room size requirements shall be as follows:</p> <ol style="list-style-type: none"> 1. A living room or rooms shall be provided to insure adequate seating for the licensed capacity of the facility. There shall be 15 square feet per resident. The living room(s) shall have ample space for socialization as well as other resident activities such as letter writing, card playing, radio, television, and reading.
R 0309	(b) Living and recreation room size requirements shall be as follows:

8:43-3.3(b)(2)	2. Facilities with a licensed capacity of 30 or more residents shall provide two or more separate living or recreation rooms. A quiet sitting room with a minimum of 120 square feet shall be provided on each floor.
R 0310 8:43-3.3(c)	(c) Dining room(s) shall provide 25 square feet per resident.
R 0311 8:43-3.3(d)(1)(2)	(d) Each facility shall provide a minimum of 30 square feet of lighted storage space per resident, in accordance with the following allotments: 1. At least 10 square feet of locked personal storage, which may be in a room or common area other than the resident's bedroom; and 2. At least 20 square feet for linens, foods, cleaning and other supplies.
8:43-3.4 Toilets, bathing facilities, and handwashing sinks	
R 0313 8:43-3.4(a)(1-4)	(a) Toilets, bathing facilities, and handwashing sinks shall be available in the following minimum ratios (excluding bedrooms which have private facilities as part of the bed count and excluding facilities of family members and resident employees): 1. Toilets shall be provided so that each resident bedroom shall be adjacent to a toilet room, with no more than four residents served by this toilet. 2. Handwashing sinks shall be provided in every resident bedroom and in every toilet room except in private bedroom(s) where the handwashing sink in the bathroom is sufficient. 3. Tubs or showers shall be provided in a ratio of one per eight residents, with a minimum of one tub per 15 residents, or at least one tub per resident sleeping floor. 4. On floors other than sleeping floors utilized by residents there shall be at least a toilet and a lavatory available and accessible from a common corridor.
8:43-3.5 Laundry equipment	
R 0317 8:43-3.5(a)	(a) Each facility shall provide at least one non-commercial washer and dryer for residents' personal items.
R 0318 8:43-3.5(b)	(b) All dryers shall be vented to the outside of the building.
8:43-3.6 Sounding devices	
R 0319 8:43-3.6(a)	(a) An intercom system with alarm shall be provided on every resident floor and shall ring at an area staffed 24 hours a day and also in the staff sleeping quarters.
R 0320 8:43-3.6(b)	(b) Self-locking doors at the main entrance and other entrances opening onto a roof or balcony shall be equipped with a sounding device such as bell, buzzer or chimes, which is in operating condition. The sounding device shall be affixed to the outside of the door or to the adjacent exterior wall, for use in the event that a person is unable to re-enter the building, and shall ring at an area staffed 24 hours a day and at staff sleeping quarters.
SUBCHAPTER 3A. PHYSICAL ENVIRONMENT	
8:43-3A.1 Scope	
R 0321 8:43-3A.1	The rules set forth in this subchapter shall apply to all existing residential health care facilities. Physical environment standards for existing licensed facilities shall be maintained, and existing facilities shall be inspected according to licensing standards contained in this subchapter, and in addition shall comply with the N.J. Uniform Fire Code, N.J.A.C. 5:70.
8:43-3A.2 Resident bedrooms	
R 0322 8:43-3A.2(a)	(a) Sleeping rooms for one resident shall have a minimum of 70 square feet of clear and usable floor area. "Clear and usable floor area" means space exclusive of toilet rooms, fixed closets, fixed wardrobes, alcoves, or vestibules.

R 0323 8:43-3A.2(b)	(b) Sleeping rooms occupied by more than one resident shall have a minimum of 50 square feet of clear floor area per resident. There shall be three feet of clear space between beds and at the foot of each bed to insure comfort and safety to residents. Space for storage of personal possessions and a non-folding arm chair shall be provided for each bed.
R 0324 8:43-3A.2(c)	(c) Notwithstanding the requirements set forth in (a) and (b) above, no existing residential health care facility shall be required to remove beds that are licensed and existing on or before September 20, 1999 to achieve compliance.
R 0325 8:43-3A.2(d)	(d) No more than four residents shall be housed in any one room, regardless of room size.
R 0326 8:43-3A.2(e)	(e) Resident bedroom doors may be lockable by the occupant only from the corridor side (outside) by the use of a key. Egress from the room shall be possible at all times by turning the doorknob or pressing a lever. Duplicate keys to resident rooms which are locked shall be carried by designated staff at all times.
8:43-3A.3 Toilets, bathing facilities, and handwashing sinks	
R 0327 8:43-3A.3(a)	(a) On each floor utilized by residents for sleeping purposes there shall be toilet and bath facilities accessible from a common corridor. On other floors utilized by residents, there shall be at least a toilet and lavatory available and accessible from a common corridor.
R 0328 8:43-3A.3(b)(1-3)	(b) Toilets, bathing facilities, and handwashing sinks shall be available in the following minimum ratios (excluding bedrooms which have private facilities as part of the bed count and excluding facilities of family members and resident employees): <ol style="list-style-type: none"> 1. Toilets: One to eight residents; 2. Wash basins: One to eight residents; 3. Tub or showers: One to 15 residents.
8:43-3A.4 Living and recreation rooms	
R 0331 8:43-3A.4(a)	(a) A living room or rooms shall be provided to insure adequate seating for two-thirds of the licensed capacity of the facility. The living room(s) shall have ample space for socialization as well as other resident activities such as letter writing, card playing, radio, television, and reading.
R 0332 8:43-3A.4(b)	(b) Facilities with a licensed capacity of 30 or more residents shall provide two or more separate living or recreation rooms.
8:43-3A.5 Dining room	
R 0333 8:43-3A.5(a)	(a) A dining room or rooms shall be provided which is of sufficient size and properly equipped to seat comfortably all residents at one sitting.
R 0334 8:43-3A.5(b)	(b) The congregate or common dining room shall be a separate area and shall not be a part of any other room. This area may be used for the recreation activities of residents, exclusive of the time required for dining service.
8:43-3A.6 Storage space	
R 0335 8:43-3A.6	Sufficient and adequately lighted storage space shall be provided in the facility for the proper storage of resident's clothing, linens, drugs, food, cleaning and other supplies
8:43-3A.7 Lighting and electricity	
R 0336 8:43-3A.7(a)	(a) A bedside light shall be available for each bed, in addition to one permanently installed outlet for each bed and ceiling lights or other fixtures suitable for lighting the entire room.
R 0337 8:43-3A.7(b)	(b) The individual rooms used for sleeping purposes by residents shall have sufficient natural and artificial light. The total glass area of such rooms shall not be less than eight percent of the floor area.
R 0338 8:43-3A.7(c)	(c) All rooms used by residents, except sleeping rooms, shall be lighted by natural or artificial light at all times.

R 0339 8:43-3A.7(d)	(d) Emergency lights shall be available at all times for hallways, corridors and stairways. An automatic standby generator or self-charging battery emergency lights shall be employed.
8:43-3A.8 Kitchens	
R 0340 8:43-3A.8	Kitchen exhaust fans and metal ducts shall be kept free of grease and dirt; metal ducts from such fans shall comply with all applicable provisions of N.J.A.C. 5:23 and 5:70.
8:43-3A.9 Fire extinguisher specifications	
R 0341 8:43-3A.9(a)	(a) There shall be a minimum of two fire extinguishers in the basement, at least one on each floor of the building, and as required in kitchen areas. All fire extinguishers shall bear the seal of the Underwriters Laboratories.
R 0342 8:43-3A.9(b)(1)	(b) The following types of fire extinguishers shall be provided: 1. In kitchen areas, because of danger of grease fires, extinguishers shall be of the Class B dry chemical type 2-B and a minimum of five pounds. The maximum travel distance to an extinguisher shall be 50 feet.
R 0343 8:43-3A.9(b)(2)	(b) The following types of fire extinguishers shall be provided: 2. In the basement area, extinguisher shall be Class B dry chemical type 2-B and a minimum of five pounds, if oil or gas is used as fuel. The maximum travel distance to an extinguisher shall be 50 feet.
R 0344 8:43-3A.9(b)(3)	(b) The following types of fire extinguishers shall be provided: 3. In all other areas a Class A air-pressurized 2 ½ gallon water type 2-A extinguisher shall be provided. The maximum travel distance to an extinguisher shall be 75 feet.
8:43-3A.10 Employees' sleeping rooms	
R 0345 8:43-3A.10	In any facilities where 24-hour awake coverage is not required, the employees' sleeping rooms shall be equipped with a four-inch alarm bell or alternate sounding device connected to the fire alarm system.
8:43-3A.11 Ventilation	
R 0346 8:43-3A.11(a)	(a) All rooms used by residents, including bathrooms, toilets, kitchen and storage areas, shall be adequately ventilated by either natural or mechanical means.
R0347 8:43-3A.11(b)	(b) The total ventilation area of a room used by residents shall be not less than four percent of the floor area.
SUBCHAPTER 4. GENERAL REQUIREMENTS	
8:43-4.1 Minimum services and staffing	
R 0400 8:43-4.1(a)	(a) Each residential health care facility shall provide at a minimum personal care, health maintenance and monitoring, pharmacy, dietary, and recreational services in a homelike environment.
R 0401 8:43-4.1(b)(1)	(b) The facility shall provide at all times at least one employee who is at least 18 years of age in each building or structure occupied by residents, in order to provide necessary resident supervision, as follows: 1. In residential health care facilities with 24 or more residents, the facility shall provide sufficient staff for resident supervision 24 hours per day by an employee who is awake on the premises.
R 0402 8:43-4.1(b)(2)	(b) The facility shall provide at all times at least one employee who is at least 18 years of age in each building or structure occupied by residents, in order to provide necessary resident supervision, as follows: 2. In residential health care facilities with fewer than 24 licensed beds, the facility shall provide sufficient staff for resident supervision. During the normal sleeping hours of

	residents (generally 10:00 P.M. to 6:00 A.M.), inactive resident supervision shall be provided by an employee who is on duty and available on the premises to provide care and services, but not necessarily awake.
R 0403 8:43-4.1(b)(3)	(b) The facility shall provide at all times at least one employee who is at least 18 years of age in each building or structure occupied by residents, in order to provide necessary resident supervision, as follows: 3. Direct care staff who are less than 18 years of age shall be supervised at all times.
R 0404 8:43-4.1(c)	(c) In all residential health care facilities with more than 24 beds, the facility shall have the capacity to provide a sufficient number of on-duty employees (other than residents) to assure a minimum of one hour of resident supervision for each resident during a 24-hour period.
R 0405 8:43-4.1(d)	(d) In addition to meeting the requirements of (b) above, all residential health care facilities which have more than one floor shall have a system in place to assure resident safety by providing for immediate notification of staff through an emergency communication system and periodic monitoring of all areas occupied by residents.
R 0406 8:43-4.1(e)	(e) The facility shall adhere to applicable Federal, State, and local laws, rules, regulations, and requirements.
8:43-4.2 Ownership	
R 0407 8:43-4.2(a)	(a) The ownership of the facility and the property on which it is located shall be disclosed to the Department. Any proposed change in ownership shall be reported to the Director of the Long Term Care Licensing and Certification Program of the Department in writing at least 30 days prior to the change and in conformance with requirements for certificate of need applications at N.J.A.C. 8:33-3.3.
R 0408 8:43-4.2(b)	(b) No facility shall be owned or operated by any person convicted of a crime relating adversely to that person's capability of owning or operating the facility.
R 0409 8:43-4.2(c)	(c) The owner or governing authority of the facility shall assume legal responsibility for the management, operation, and financial viability of the facility.
8:43-4.3 Submission and availability of documents	
R 0410 8:43-4.3	The facility shall, upon request, submit in writing any documents which are required by this chapter or requested by the Director of the Long Term Care Licensing and Certification Program of the Department.
8:43-4.4 Personnel	
R 0411 8:43-4.4(a)	(a) The facility shall develop written job descriptions and shall ensure that personnel are assigned duties based upon their education, training, and competencies and in accordance with their job descriptions.
R 0412 8:43-4.4(b)	(b) All personnel who require licensure, certification, or authorization to provide resident care shall be licensed, certified, or authorized under the appropriate laws and/or rules of the State of New Jersey.
R 0413 8:43-4.4(c)	(c) The facility shall maintain and implement written staffing schedules. Actual hours worked by each employee shall be documented.
R 0414 8:43-4.4(d)	(d) The facility shall develop and implement a staff orientation and a staff education plan, including plans for each service and designation of person(s) responsible for training. All personnel shall receive orientation at the time of employment and at least annual in-service education regarding, at a minimum, emergency plans and procedures and the infection prevention and control program.
R 0415 8:43-4.4(e)	(e) The staffing ratios of this chapter are the minimum only and the residential health care facility shall employ staff in sufficient number and with sufficient ability and training to provide the basic care and resident supervision required in this chapter.

R 0416 8:43-4.4(f)	(f) The facility shall have a policy regarding personnel with a reportable communicable disease, infection or exposure to infection, specifying that such an employee shall be excluded from the residential health care facility until that employee has received a physical examination and certification that the condition will not endanger the health of residents or other employees.
8:43-4.5 Policy and procedure manual	
R 0417 8:43-4.5(a)(1-3)	(a) A policy and procedure manual(s) for the organization and operation of the facility shall be developed, implemented, and reviewed at intervals specified in the manual(s). Each review of the manual(s) shall be documented, and the manual(s) shall be available in the facility to representatives of the Department at all times. The manual(s) shall include at least the following: <ol style="list-style-type: none"> 1. An organizational chart delineating the lines of authority, responsibility, and accountability for the administration and resident care services of the facility; 2. A description of the services provided; 3. Specification of business hours and visiting hours;
R 0420 8:43-4.5(a)(4)(i)	4. Policies and procedures for reporting all diagnosed and/or suspected cases of resident abuse or exploitation, as follows: <ol style="list-style-type: none"> i. All county welfare agencies shall be notified, in accordance with N.J.S.A. 40:69A-60.5, P.L. 1979, c.469, The Rooming and Boarding House Act of 1979, as amended; and
R 0421 8:43-4.5(a)(4)(ii)	ii. If the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified, in compliance with N.J.S.A. 52:27G-7.1 et seq.;
R 0422 8:43-4.5(a)(5)	5. Policies and procedures for maintaining confidentiality of resident records, including policies and procedures for examination of resident records by the resident and other authorized persons and for release of the resident's records to any individual outside the facility, as consented to by the resident or as required by law or third party payor;
R 0423 8:43-4.5(a)(6)	6. Policies and procedures for the maintenance and confidentiality of personnel records for each employee, including at least the employee's name, previous employment, educational background, credentials, license number with effective date and date of expiration (if applicable), certification (if applicable), verification of credentials, prior criminal records, records of physical examinations, job description, and evaluations of job performance; and
R 0424 8:43-4.5(a)(7)	7. Policies and procedures, including content and frequency, for physical Examinations upon employment and subsequently for employees and persons providing direct resident care services in the facility through contractual arrangements or written agreement.
R 0425 8:43-4.5(b)	(b) The facility shall make all policy and procedure manuals available to residents, guardians, designated responsible persons, prospective applicants, and referring agencies during normal business hours or by prior arrangement.
8:43-4.6 Resident transportation	
R 0426 8:43-4.6(a)	(a) The facility shall ensure that resident transportation shall be provided, either directly or by arrangement, which may include an arrangement with a family member or other responsible person, to and from health care services provided outside the facility. The facility shall have policies and procedures governing the facility's responsibility for the resident and his or her personal possessions, as well as the transfer of resident information to and from the provider of the service.
R 0427 8:43-4.6(b)	(b) The facility shall assist the resident in arranging for transportation to activities of social, religious, and community groups in which the resident chooses to participate

8:43-4.7 Written agreements	
R 0428 8:43-4.7	The facility shall have a written agreement or its equivalent, or a linkage, for services not provided directly by the facility. If the facility provides care to residents with psychiatric disorders the facility shall also have a written agreement with one or more community mental health centers specifying which services will be provided by the mental health center. The written agreements shall require that services be provided in accordance with this chapter.
8:43-4.8 Reportable events	
R 0429 8:43-4.8(a)(1)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 1. Interruption for three or more hours of basic physical plant services;
R 0430 8:43-4.8(a)(2)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 2. Termination of employment of the administrator, and the name and qualifications of his or her replacement;
R 0431 8:43-4.8(a)(3)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 3. Occurrence of epidemic disease in the facility;
R 0432 8:43-4.8(a)(4)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 4. All fires, all disasters, all residents who are missing for 24 hours, and all deaths resulting from accidents or incidents in the facility or related to facility services. The written confirmation shall contain information about injuries to residents and/or personnel, disruption of services, and extent of damages;
R 0433 8:43-4.8(a)(5)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 5. Any major occurrence or incident shall be reported promptly to the Department by telephone, and shall be confirmed in writing to the Department as soon as possible thereafter;
R 0434 8:43-4.8(a)(6)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 6. All alleged or suspected crimes which are serious crimes committed by or against residents, which have also been reported at the time of occurrence to the local police department; and
R 0435 8:43-4.8(a)(7)	(a) The facility shall notify the Department immediately by telephone at 609-633-8993 (609-392-2020 after business hours), followed within 72 hours by written confirmation, of the following: 7. All suspected cases of resident abuse or exploitation which have been reported to the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly and/or to the county welfare agencies.

8:43-4.9 Notices	
R 0436 8:43-4.9(a)(1-6)	<p>(a) The facility shall conspicuously post a notice that the following information is available in the facility during normal business hours, to residents and the public:</p> <ol style="list-style-type: none"> 1. All waivers granted by the Department; 2. A list of deficiencies from the last annual licensure inspection survey report and the list of deficiencies from any valid complaint investigation during the past 12 months; 3. Policies and procedures regarding resident rights; 4. Visiting hours (including at least the time between the hours of 8:00 A.M. and 8:00 P.M.daily) and business hours of the facility, including the policies of the facility regarding limitations and activities during these times; 5. The toll-free hot line number of the Department, telephone numbers of county agencies and of the State of New Jersey Office of the Ombudsman; and 6. The names of, and a means to formally contact, the owner and/or members of the governing authority.
8:43-4.10 Information reportable to State Board of Medical Examiners	
R 0442 8:43-4.10(a)(1)(2)&(b)	<p>(a) In accordance with the Professional Medical Conduct Reform Act, P.L. 1989, c.300, as amended, the facility shall notify the New Jersey Board of Medical Examiners of all actions which result in reduction or restriction of staff privileges of any practitioner who is employed by or who is under contract to the facility. The information to be reported shall include, but not be limited to, the following:</p> <ol style="list-style-type: none"> 1. A disciplinary proceeding or action taken by the facility against any practitioner licensed by the Board when the proceeding or action results in a practitioner's reduction or suspension of privileges or removal or resignation from the facility's medical staff; and 2. A medical malpractice liability insurance claim settlement, judgment or arbitration award in which the facility is involved. <p>(b) For purposes of (a) above, "practitioner" means physician, medical resident or intern, or podiatrist</p>
R 0444 8:43-4.10(c)	<p>(c) Notifications shall be provided within seven days of the reported event, on forms provided by the Department of Health and Senior Services for that purpose. Forms shall be submitted to the New Jersey State Board of Medical Examiners, 28 West State Street, Trenton, New Jersey 08608. (Questions may be directed to the Board office at (609) 292-4843.)</p>
8:43-4.11 Maintenance of records	
R 0445 8:43-4.11(a)	<p>(a) The facility shall maintain an annual chronological listing of residents admitted and discharged, including the destination of residents who are discharged.</p>
R 0446 8:43-4.11(b)	<p>(b) Statistical data, such as resident census and facility characteristics, shall be forwarded on request, in a format provided by the Department</p>
8:43-4.12 Admission and retention of residents	
R 0447 8:43-4.12(a)	<p>(a) The administrator or the administrator's designee shall conduct an interview with the resident and, if available, the resident's family, guardian, or interested agency, prior to or at the time of the resident's admission. The interview shall include at least orientation to the facility's policies, business hours, fee schedule, services provided, resident rights, and criteria for admission and discharge. Documentation of the resident interview shall be</p>

	included in the resident's record.
R 0448 8:43-4.12(b)	(b) At the initial interview prior to or at the time of admission of each resident, the administrator or the administrator's designee shall be provided with the name, address, and telephone number of a family member, guardian, responsible person or designated community agency who can be notified in the event of the resident's illness, incident, or other emergency.
R 0449 8:43-4.12(c)	(c) A physician shall certify for each resident that he or she has seen the resident within 30 days prior to admission and that the resident does not have needs which exceed the level of care provided by the facility; is free from communicable disease, is not in need of skilled nursing care, is mobile under his or her own power with or without assistive devices, and, if incontinence is suspected, has received a medical and nursing evaluation to determine whether the facility can provide an appropriate level of services to the resident.
R 0450 8:43-4.12(d)	(d) For emergency admissions, the physician's certification shall be received within 72 hours of admission.
R 0451 8:43-4.12(e)	(e) If a facility has reason to believe, based on a resident's behavior, that the resident poses a danger to himself or herself or others, and that the facility is not capable of providing proper care to the resident, then the attending physician or the physician on call shall evaluate the resident to determine whether the resident is appropriately placed in that facility and to locate a new placement if necessary. The mental health screening process, as defined in N.J.S.A. 30:4-27.1 et seq., and N.J.A.C. 10:31, may be initiated by the health maintenance and monitoring director, or by the administrator. An evaluation should be performed in accordance with Guidelines for Inappropriate Behavior and Resident to Resident Abuse, Appendix A, incorporated herein by reference.
R 0452 8:43-4.12(f)	(f) If the facility is not of non-combustible construction, residents who are blind or who can walk independently assisted by crutches or other assistive devices shall be housed on a floor with direct grade level access.
R 0453 8:43-4.12(g)(1-5)	(g) The facility may admit residents who require wheelchairs if the following conditions are met: 1. The resident is able to propel the wheelchair independently; 2. The resident's living unit shall be located on a floor at grade level, or if not at grade level, on a floor with handicap access to grade level; 3. The corridor on which the resident's living unit is located shall be at least 44 inches wide 4. Each door through which the resident must travel to exit shall be at least 32 inches wide; and 5. The facility shall be in full compliance with uniform fire safety codes.
R 0458 8:43-4.12(h)	(h) If any condition listed in (g) above is not met, the facility may request approval from the Department to admit the resident. These conditions shall not apply to a resident who uses a wheelchair for convenience, but who is capable of ambulating independently without a wheelchair. The Department's determination shall be made on a case-by-case basis.
R 0459 8:43-4.12(i)	(i) If an applicant, after applying in writing, is denied admission to the facility, the applicant and/or his or her family, guardian, or designated community agency shall, upon written request, be given the reason for such denial in writing, signed by the administrator, within 15 days of the receipt of the written request.
R 0460 8:43-4.12(j)	(j) Each resident shall be admitted or retained only upon his or her own volition.
8:43-4.13 Involuntary discharge	
R 0461 8:43-4.13(a)	(a) Written notification by the administrator or the administrator's designee shall be provided to a resident and/or his or her family, guardian, designated responsible person, and county

	welfare agencies of a decision to involuntarily discharge the resident from the facility. Such involuntary discharge shall only be upon grounds contained in the facility's policies and procedures and shall occur only if the resident has been notified and informed of such policies in advance of admission. The notice of discharge shall be given at least 30 days in advance of the involuntary discharge and shall include the reason for discharge. A copy of the notice shall be entered in the resident's record. If a change in the facility's policies and procedures has occurred subsequent to admission the facility shall have documented evidence that the resident(s) has been informed of such change.
R 0462 8:43-4.13(b)	(b) The resident shall have the right to appeal to the administrator any involuntary discharge from the facility. The appeal shall be in writing and a copy shall be included in the resident's record with the disposition or resolution of the appeal. The resident shall have the right to retain legal counsel to appeal.
R 0463 8:43-4.13(c)	(c) In an emergency situation, as stated in N.J.A.C. 8:43-4.12(e), for the protection of the life and safety of the resident or others, the facility may discharge the resident without 30 days notice. The Department and county welfare agencies shall be notified in the event of such discharge.
8:43-4.14 Notification requirements	
R 0464 8:43-4.14(a)(1-4)	(a) The resident's family, guardian, and/or responsible person or community agency, the county welfare agency and any other agency in which the client is a participating program member or under treatment, shall be notified, promptly after the occurrence, in the event of the following: <ol style="list-style-type: none"> 1. Any significant change in the resident's physical or mental status; 2. Any serious accident, criminal act or incident occurs which involves the resident and results in serious harm or injury or results in the resident's arrest or detention; 3. The transfer of the resident from the facility; or 4. The death of the resident
R 0468 8:43-4.14(b)	(b) The Department shall also be notified of the events in (a)(2) above
R 0469 8:43-4.14(c)	(c) The notification required in (a) above shall be given at the time of occurrence, and then documented in the resident's record.
8:43-4.15 Policies and procedures for dispute resolution; forum for discussion of advance directives	
R 0470 8:43-4.15(a)	(a) The facility shall establish procedures for considering disputes among the resident, health care representative and the attending physician concerning the resident's decision-making capacity or the appropriate interpretation and application of the terms of an advance directive to the resident's course of treatment. The procedures may include consultation with an institutional ethics committee, a regional ethics committee or another type of affiliated ethics committee, or with any individual or individuals who are qualified by their background and/or experience to make clinical and ethical judgments.
R 0471 8:43-4.15(b)	(b) The facility's policies shall establish a process for residents, families, and staff to discuss and address questions and concerns relating to advance directives and decisions to accept or refuse medical treatment.
8:43-4.16 Policies and procedures for advance directives	
R 0472 8:43-4.16(a)	(a) For purposes of this chapter, "advance directive" means a written statement of a resident's instructions and directions for health care in the event of future decision making incapacity, in accordance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., P.L. 1991, c.201. An advance directive may include a proxy directive, and instruction directive, or both.
R 0473	(b) The facility shall develop and implement procedures to ensure that there is a routine

8:43-4.16(b)	inquiry made of each adult resident, upon admission to the facility and at other appropriate times, concerning the existence and location of an advance directive. If the resident is incapable of responding to this inquiry, the facility shall have procedures to request the information from the resident's family or, in the absence of a family member, another individual with personal knowledge of the resident. The procedures shall assure that the resident or family's response to this inquiry shall be documented in the resident's record. Such procedures shall also define the role of facility admissions, nursing, social service and other staff, as well as the responsibilities of the attending physician.
R 0474 8:43-4.16(c)	(c) The facility shall develop and implement procedures to promptly request and take reasonable steps to obtain a copy of currently executed advance directives from all residents. These shall be entered into the resident's record when received.
R 0475 8:43-4.16(d)	(d) The facility shall have procedures to provide each adult resident upon admission and, where the resident is unable to respond, the family or other representative of the resident, with a written statement of his or her rights under New Jersey law to make decisions concerning the right to refuse medical care and the right to formulate an advance directive. Appropriate information and materials on advance directives and the institution's written policies and procedures concerning implementation of such rights shall also be provided. Such written information shall also be made available in any language which is spoken, as a primary language, by more than 10 percent of the population served by the facility.
R 0476 8:43-4.16(e)	(e) The facility shall develop and implement procedures for referral of residents requesting assistance in executing an advance directive or additional information to either staff or community resource persons that can promptly advise and/or assist the resident.
R 0477 8:43-4.16(f)	(f) The facility shall develop and implement policies to address application of the facility's procedures for advance directives to residents who are experiencing an urgent life-threatening situation.
R 0478 8:43-4.16(g)	(g) A resident shall be transferred to another health care facility only for a valid medical reason, in order to comply with other applicable laws or Department rules, to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act in the instance of private, religiously affiliated health care institutions who establish policies defining circumstances in which they will decline to participate in the implementation of advance directives. Such institutions shall provide notice of their policies to residents or their families or health care representatives prior to or upon admission. A timely and respectful transfer of the individual to another institution which shall implement the resident's advance directive shall be effected. The facility's inability to care for the resident shall be considered a valid medical reason. The sending facility shall receive approval from a physician and the receiving health care facility before transferring the resident.
R 0479 8:43-4.16(h)	(h) At least one education training program each year shall be held for all administrative staff and employees providing resident supervision and/or personal care on the rights and responsibilities of staff under the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., P.L. 1991, c.201, and internal facility policies and procedures which implement this law.
8:43-4.17 Building occupancy	
R 0480 8:43-4.17(a)	(a) A facility licensed as a residential health care facility shall not be used for any other purpose, with the following exception: the facility may be used for housing quarters of the owner the administrator, or other staff members and their families, if prior approval by the Department is obtained, in accordance with N.J.A.C. 8:43-2.6(c).
R 0481 8:43-4.17(b)(1-3)	(b) Resident occupancy shall be limited to floors at or above the grade level, with the following exceptions: 1. Basement occupancy may be permitted if no more than one-half the height of the room or rooms to be occupied is below grade level and if there are no other conditions which might

	<p>jeopardize the health, safety or welfare of the resident;</p> <p>2. Any resident who requires assistance from staff to ambulate stairs shall be housed on a floor with grade level access; and</p> <p>3. If the building is of non-combustible construction, any resident with a walker, crutch(es) or leg brace(s) shall be assessed by a registered professional nurse before being placed on a floor other than a grade level floor in order to ensure that the resident is able to evacuate the building safely, and shall be reassessed at least on an annual basis to determine his or her ability to self-evacuate.</p>
8:43-4.18 Resident bedrooms	
R 0484 8:43-4.18(a)	(a) Each resident's personal living unit shall have direct access to corridors and toilet facilities without passing through the rooms of other residents, kitchen or dining areas, or other occupied rooms.
R 0485 8:43-4.18(b)	(b) No more than four residents shall be housed in one bedroom.
8:43-4.19 Interpretation services	
R 0486 8:43-4.19	The facility shall demonstrate the ability to provide a means to communicate with any resident admitted who is non-English-speaking and/or has a communication disability, using available community services.
SUBCHAPTER 5. ADMINISTRATION	
8:43-5.1 Appointment of administrator	
R 0500 8:43-5.1	An administrator shall be appointed and an alternate shall be designated in writing to act in the absence of the administrator. The administrator or a designated alternate shall be available on the premises of the facility at all times and shall have access to all survey related records and policies.
8:43-5.2 Administrator's responsibilities	
R 0501 8:43-5.2(a)(1-5)	<p>(a) The administrator shall be responsible for, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Ensuring the development, implementation, and enforcement of all policies and procedures, including resident rights; 2. Planning for, and administration of, the managerial, operational, fiscal, and reporting components of the facility; 3. Ensuring that all personnel are assigned duties based upon their ability and competency to perform the job and in accordance with job descriptions; 4. Ensuring the provision of staff orientation and staff education; and 5. Establishing and maintaining liaison relationships and communication with facility staff and services and with residents and their families.
SUBCHAPTER 6. RESIDENT CARE POLICIES	
8:43-6.1 Resident care policies and procedures	
R 0600 8:43-6.1(a)(1)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <ol style="list-style-type: none"> 1. Resident rights;

R 0601 8:43-6.1(a)(2)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>2. The determination of staffing levels to ensure a minimum of one hour of resident supervision for each resident of the facility during each 24-hour period. Supervision may be provided by on-duty employees who are engaged in the direct supervision and care of residents, and also by those providing basic services such as food service, housekeeping, laundry and general maintenance, who, by reason of their availability on the premises, provide care and supervision as needed;</p>
R 0602 8:43-6.1(a)(3)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>3. The referral of residents to health care providers in order to provide a continuum of resident care;</p>
R 0603 8:43-6.1(a)(4)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>4. Emergency medical and dental care of residents, including notification of the resident's family, guardian, or designated community agency, and care of residents during periods of acute illness;</p>
R 0604 8:43-6.1(a)(5)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>5. Obtaining written informed consent for any medical procedures performed at the facility which require informed consent by law, and the circumstances under which written informed consent shall be obtained;</p>
R 0605 8:43-6.1(a)(6)(i-iv)	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>6. The control of smoking in the facility in accordance with N.J.S.A. 26:3D-1 et seq. and 26:3D-7 et seq. as follows:</p> <ul style="list-style-type: none"> i. Residents shall not be permitted to smoke in their rooms and in other secluded areas ii. Restricted smoking areas shall be designated and rules governing such smoking specified and rigidly enforced. Nonflammable ashtrays in sufficient numbers shall be provided in permitted smoking areas. In any area where smoking is permitted, there shall be adequate outside ventilation, as described in (a)(6)(iv) below; iii. A facility may continue to enforce a smoke-free policy in effect on September 20, 1999 and shall set forth this policy in its admission agreement;

	<p>iv. At the facility's option, it may institute a smoke-free policy after September 20, 1999. Any perspective smoke-free policy shall be set forth in the facility's admission agreement and shall only apply to residents entering the facility on or after the policy's effective date. The facility shall protect the rights of resident smokers by providing a designated area with adequate outside ventilation for controlled smoking. If inside, the designated smoking room shall be ventilated to prevent recirculation of smoke to other areas of the facility. If outside, the designated area shall provide reasonable protection from inclement weather;</p>
<p>R 0609 8:43-6.1(a)(7)</p>	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>7. Discharge, termination by the facility, transfer, and readmission of residents, including criteria for each;</p>
<p>R 0610 8:43-6.1(a)(8)</p>	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>8. The care and control of pets, if the facility permits pets in the facility or on its premises. (See recommendations set forth in Appendix D.)</p>
<p>R 0611 8:43-6.1(a)(9)</p>	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>9. A system to monitor residents leaving the facility or its premises, which shall include a policy to determine those circumstances where the resident's absence shall be investigated; and</p>
<p>R 0612 8:43-6.1(a)(10)(i-ii)</p>	<p>(a) Written resident care policies and procedures shall be established, implemented, and reviewed at intervals specified in the policies and procedures. Each review of the policies and procedures shall be documented. Policies and procedures shall include, but not be limited to, policies and procedures regarding the following:</p> <p>10. Care of deceased residents, including, but not limited to, policies and procedures regarding the following:</p> <p>i. The resident's family, guardian, or designated community agency shall be notified at the time of death. The deceased shall not be removed from the facility until pronounced dead and the death is documented in the resident's medical record; and</p> <p>ii. Transportation of the deceased in the facility, and removal from the facility, in a dignified manner.</p>
<p>8:43-6.2 Financial arrangements</p>	
<p>R 0614 8:43-6.2(a)(1)</p>	<p>(a) The facility shall:</p> <p>1. Inform residents of any and all fees for services provided and charges for supplies routinely utilized. The resident shall also be informed of costs of supplies which are specially ordered;</p>

R 0615 8:43-6.2(a)(2)	<p>(a) The facility shall:</p> <p>2. Maintain a written record of all financial arrangements with the resident and/or his or her family, guardian, or designated community agency, with copies furnished to the resident and, upon request, to the person or agency with whom the arrangements were made;</p>
R 0616 8:43-6.2(a)(3)(i-iii)	<p>(a) The facility shall:</p> <p>3. Assess no additional charges, expenses, or other financial liabilities in excess of the daily, weekly, or monthly rate included in the admission agreement, except:</p> <p>i. Upon written approval and authority of the resident and/or his or her family, guardian, or designated community agency, who shall be given a copy of the written approval;</p> <p>ii. Upon written orders of the resident's physician, stipulating specific services not included in the admission agreement; or</p> <p>iii. Upon 30 days' prior written notice to the resident and/or his or her family of charges, expenses, or other financial liabilities that are in addition to the agreed daily, weekly, or monthly rate. The resident's prior written approval for additional charges shall be required in the event of a health emergency that requires the resident to receive immediate special services or supplies; and</p>
R 0619 8:43-6.2(a)(4)	<p>(a) The facility shall:</p> <p>4. Provide the resident with information regarding financial assistance available from third-party payors and/or other payors and referral systems for residents' financial assistance.</p>
R 0620 8:43-6.2(b)	<p>(b) All residents who have advanced a security deposit to a facility shall have the funds deposited in an interest bearing escrow account, in accordance with N.J.S.A. 26:2H-14.5 et seq.</p>
8:43-6.3 Personal needs allowance	
R 0621 8:43-6.3(a)(1)	<p>(a) The administrator or his or her representative shall reserve for each resident who receives Supplemental Security Income (SSI) or General Public Assistance a monthly personal needs allowance of at least the amount specified by the Division of Youth and Family Services of the New Jersey State Department of Human Services pursuant to N.J.S.A. 44:7-87(h) and N.J.A.C. 10:123-3 and under the following conditions:</p> <p>1. The resident shall not be required to provide the owner, administrator, employee or their representative(s) with any portion of the personal needs allowance;</p>
R 0622 8:43-6.3(a)(2)	<p>(a) The administrator or his or her representative shall reserve for each resident who receives Supplemental Security Income (SSI) or General Public Assistance a monthly personal needs allowance of at least the amount specified by the Division of Youth and Family Services of the New Jersey State Department of Human Services pursuant to N.J.S.A. 44:7-87(h) and N.J.A.C. 10:123-3 and under the following conditions:</p> <p>2. No owner, administrator, employee or their representative(s) shall coerce, intimidate, or exploit residents into providing them with any portion of the personal needs allowance; and</p>
R 0623 8:43-6.3(a)(3)	<p>(a) The administrator or his or her representative shall reserve for each resident who receives Supplemental Security Income (SSI) or General Public Assistance a monthly personal needs allowance of at least the amount specified by the Division of Youth and Family Services of the New Jersey State Department of Human Services pursuant to N.J.S.A. 44:7-87(h) and N.J.A.C. 10:123-3 and under the following conditions:</p> <p>3. Each resident shall receive his or her personal needs allowance within three working days</p>

	of the receipt of the check by the administrator.
R 0624 8:43-6.3(b)	(b) Every administrator to whom a resident's personal funds are entrusted shall maintain written records, such as a ledger, including the date each payment was received, the amount of payment, the date of each disbursement, the amount of each disbursement, the reason for each disbursement and to whom each disbursement was made.
R 0625 8:43-6.3(c)	(c) The resident shall sign to acknowledge receipt of funds, goods or services purchased with such funds at the time of disbursement.
R 0626 8:43-6.3(d)	(d) Resident's funds received in trust or on deposit with the facility shall be kept in a separate bank account(s) and not commingled with the facility's general funds. If resident's funds are kept in an interest bearing account, all interest earned shall be credited to the resident after bank charges, if any, are deducted.
SUBCHAPTER 7. PERSONAL CARE SERVICES	
8:43-7.1 Provision of personal care services	
R 0700 8:43-7.1	Each resident shall be provided with personal care services (bathing, oral hygiene, hair care, manicuring and pedicuring, and shaving) as needed to maintain acceptable personal hygiene.
8:43-7.2 Resident Clothing	
R 0701 8:43-7.2(a)	(a) The administrator or the administrator's designee shall assist residents in obtaining clothing which is suitable for the climate and weather conditions, of proper size, and in sufficient amounts for necessary changes.
R 0702 8:43-7.2(b)	(b) Clothing shall be laundered as frequently as necessary to maintain cleanliness, in accordance with N.J.A.C. 8:43-15.8.
8:43-7.3 Facilities and furnishings	
R 0703 8:43-7.3(a)(1)(i)(v)-(8)	<p>(a) The administrator shall ensure that each resident has, within his or her sleeping area, the following items, which shall at all times be clean and comfortable and in good repair:</p> <ol style="list-style-type: none"> 1. Beds, as follows: <ol style="list-style-type: none"> i. A standard bed not less than 36 inches in width; ii. A bedspring which is in good condition; iii. A mattress not less than four inches in thickness that fits the bed; iv. Beds shall not be located under windows, against radiators or air conditioners, or in alcoves unless a resident has chosen to place his or her bed in such a location and the administrator has determined that such placement poses no safety risk to the resident; v. Roll-away beds, day beds, cots and latex foam mattresses shall be prohibited. (Day beds may be permitted, if the resident so requests.); 2. Pillows, as follows: <ol style="list-style-type: none"> i. At least one standard size pillow; ii. Extra pillows shall be available to meet the needs of the resident; and iii. Latex foam pillows shall be prohibited; 3. At least one chair; 4. A reading light and/or a bed light; 5. Storage, as follows: <ol style="list-style-type: none"> i. A closet in the resident's room; ii. A dresser or chest for personal possessions; and iii. A night table

	<p>6. Bed linen, as follows:</p> <ul style="list-style-type: none"> i. A moisture-proof mattress or a moisture-proof mattress cover or pad which can be removed for cleaning or laundering;- ii. A pillowcase for each pillow; iii. At least two sheets or two sheet blankets or a combination thereof; sheets and pillowcases shall be changed at least weekly and more often if necessary; iv. A washable blanket and such additional blankets as are necessary for the resident's comfort; and v. A bedspread; <p>7. Personal linen, consisting of a washcloth and a bath towel which shall be changed when soiled; and</p> <p>8. Windows with shades, curtains, drapes, or blinds for all windows, to ensure privacy.</p>
SUBCHAPTER 8. DIETARY SERVICES	
8:43-8.1 Provision of meals	
R 0800 8:43-8.1	The residential health care facility shall provide dietary services to meet the daily nutritional needs of residents.
8:43-8.2 Requirements for dietary services	
R 0801 8:43-8.2(a)	(a) The facility shall establish and implement written policies and procedures for the provision of dietary services.
R 0802 8:43-8.2(b)	(b) If the facility fails to substantially comply with the requirements of this subchapter, or if residents of the facility have significant nutritional deficiencies, the Department may require a consultant dietitian to be retained by the facility to assist in correcting the deficiencies in dietary services cited by the Department, in addition to other enforcement actions. The facility shall retain the consultant dietitian until all deficiencies have been corrected.
R 0803 8:43-8.2(c)(1-7)	<p>(c) The facility shall provide:</p> <ul style="list-style-type: none"> 1. Policies and procedures for planning, preparing, and serving meals, purchasing food, supervising residents at mealtime, and providing therapeutic diets in accordance with admission policy of the facility and as prescribed by the resident's physician. "Therapeutic diet" means a diet prescribed by a physician, and may include modifications in nutrient content, caloric value, consistency, methods of food preparation, content of specific foods, or a combination of these modifications; 2. Nutrients and calories for each resident, in accordance with current recommended dietary allowance of the Food and Nutrition Board of the National Academy of Sciences, National Research Council, adjusted for age, sex, weight, and physical activity, therapeutic needs of the resident if therapeutic diets are provided, and Appendix B, A Daily Food Guide, incorporated herewith by reference; 3. A current diet manual; 4. Diets served to residents that are consistent with the diet manual; 5. Written menu plans for all meals and snacks; 6. For each resident at each meal, a place setting consisting of at least a dish(es), a glass and/or cup, fork, spoon, and napkin, and a knife or additional utensils as required or requested by the resident. The facility shall routinely provide nondisposable dishes and utensils at all meals except for special meal activities or individual resident needs; and

	7. For each resident's use, in the dining room at each meal, salt, pepper, sugar or sugar substitute, dairy or non-dairy additives for beverages, and condiments, unless contraindicated by the resident's physician.
R 0810 8:43-8.2(d)	(d) All meals shall be served in the dining room. Exceptions may be made if the resident is ill, or requests that his or her meal be served in another location.
R 0811 8:43-8.2(e)	(e) All meals shall be attractive when served to residents.
R 0812 8:43-8.2(f)	(f) The facility and personnel shall comply with the provisions of Chapter XII of the New Jersey Sanitary Code, Retail Food Establishments, N.J.A.C. 8:24.
8:43-8.3 Administrator's responsibilities	
R 0813 8:43-8.3(a)(1-14)	<p>(a) The administrator or the administrator's designee shall ensure that the dietary service:</p> <ol style="list-style-type: none"> 1. Selects foods and beverages, which include fresh and seasonal foods, and prepares menus with regard for the nutritional and therapeutic needs, cultural backgrounds, food habits, and personal food preferences of residents; 2. Has written and dated menus for all meals and snacks, planned at least seven days in advance for all diets. The same menu shall not be used more than once in any continuous seven day period. The facility shall offer substitute food and drink of equivalent nutritional value, if requested by a resident at least 24 hours in advance; 3. Posts current menus, with portion sizes, in the food preparation area and in a conspicuous place in resident's area, or provides a copy of the menu to each resident. Any changes or substitutes in menus shall be posted or provided in writing to each resident. Menus, with changes or substitutes, shall be kept on file in the facility for at least 30 days; 4. Prepares and serves daily to residents at least three meals; 5. Complies with written policies regarding meal hours. No more than 15 hours shall elapse between an evening meal and breakfast the next morning, and the first meal shall not be served before 7:00 A.M.; 6. Provides evening snacks and beverages; 7. Prepares food by cutting, chopping, grinding, or blending to meet the needs of each resident; 8. Provides self-help feeding devices as required by residents; 9. Maintains a file of recipes for menu items that require a recipe, adjusted to yield, which shall be used in preparing foods listed on the posted menus; 10. Maintains thermometers in refrigerators and freezers; 11. Complies with written policies and procedures for the selection, storage, use, and disposition of non-disposable and disposable items. Disposable items shall not be reused; 12. Prepares work schedules for the dietary service so as to allow residents to eat at their own pace; 13. Maintains at least a three-day supply of non-perishable food on the premises; and 14. Develops a written schedule of cleaning operations for the kitchen, including daily, weekly, monthly, or annual tasks.

8:43-8.4 Commercial food management services	
R 0827 8:43-8.4	If a commercial food management firm provides dietary services, the firm shall be required to conform to the standards of this subchapter.
SUBCHAPTER 9. HEALTH SERVICES	
8:43-9.1 Health maintenance and monitoring services	
R 0900 8:43-9.1(a)	(a) The residential health care facility shall provide health maintenance and monitoring services under the direction of a registered professional nurse.
R 0901 8:43-9.1(b)	(b) The facility shall have at least one registered professional nurse available at all times. Available, in this instance, shall mean on call and capable of being reached by telephone.
R 0902 8:43-9.1(c)	(c) A registered professional nurse shall be designated in writing as the director of health maintenance and monitoring services and shall be responsible for the direction, provision and quality of health maintenance and monitoring services. The director shall be responsible, in coordination with the administrator, for developing and implementing written objectives, standards of practice, policies and procedures and an organization plan for the health maintenance and monitoring service. The director may be employed directly by the facility or on a contractual basis.
R 0903 8:43-9.1(d)(1-7)	(d) Written policies and procedures shall include, but not be limited to, the following: <ol style="list-style-type: none"> 1. Assessing the health service needs of all residents in the facility; 2. Monitoring the conditions of the residents on a continuing basis; 3. Notification of the administrator if there are significant changes in a resident's condition; 4. Assessing the resident's needs for referral to a physician or community agencies as appropriate; 5. Maintaining records as required by the facility; 6. Serving as a resource person and health educator to the residents and to the administrator of the facility; and 7. Monitoring resident's medication.
R 0910 8:43-9.1(e)	(e) The facility shall provide a minimum of 0.20 hours of nursing care from a registered professional nurse per resident per week. So long as the total minimum hourly requirement is met, the registered professional nurse shall determine whether visits to an individual resident shall be weekly, biweekly, or according to a schedule based on the individual resident's needs, as determined by the nurse's assessment.
8:43-9.2 Provision of health services	
R 0911 8:43-9.2(a)	(a) The facility shall arrange for health services to be provided to residents as needed.
R 0912 8:43-9.2(b)	(b) At the time of admission, arrangements shall be made between the administrator and the resident, guardian, or designated community agency regarding the physician and dentist to be called in case of illness, or the person to be called for a resident who because of religious affiliation is opposed to medical treatment.
R 0913 8:43-9.2(c)	(c) The registered professional nurse shall notify the resident's physician of any significant change in the resident's physical or psychological condition.
R 0914 8:43-9.2(d)(1-15)	(d) Each resident shall receive an initial nursing assessment from the registered professional nurse. Thereafter, each resident shall be reassessed annually or whenever there is a significant change in the resident's condition. The nursing assessment shall include, at a minimum, evaluation of the following: <ol style="list-style-type: none"> 1. Cognitive patterns; 2. Communication/hearing patterns; 3. Vision patterns;

	<ol style="list-style-type: none"> 4. Physical functioning and structural problems; 5. Continence; 6. Psychosocial well-being; 7. Mood and behavior patterns; 8. Activity pursuit patterns; 9. Disease diagnoses; 10. Health conditions; 11. Oral/nutritional status; 12. Oral/dental status; 13. Skin condition; 14. Medication use; and 15. Special treatment and procedures.
R 0929 8:43-9.2(e)	(e) The nursing assessment required by (d) above shall be documented on the Minimum Data Set for resident assessment and care screening (MDS 2.0), Appendix C, incorporated herein by reference, or on an equivalent assessment instrument which has been developed by the facility and approved by the Department prior to its use.
R 0930 8:43-9.2(f)(1-21)	<p>(f) Nurses' monitoring notes shall be written on an ongoing basis and shall reflect the current health status of the resident. Events and/or situations to be addressed in the nurse's monitoring notes shall be as follows, where appropriate:</p> <ol style="list-style-type: none"> 1. Admission/discharge from the hospital; 2. Injuries/illness in the facility that did not require hospitalization; 3. Inappropriate/unusual behaviors with notification of physician; 4. Response to new medications; 5. Follow-up to physicians' referrals; 6. Follow-up to visits from the visiting nurse; 7. Follow-up on abnormal labs or other diagnostic studies 8. Compliance/noncompliance with diet order; 9. Pattern of weight loss/gain over a continuous period; 10. Change in status of incontinency problem; 11. Change in status of ostomy care; 12. Status of wound care; 13. Attendance at or need for referral to a partial care program; 14. Change in personal hygiene; 15. Progression of level of confusion; 16. Change in interactions with other residents; 17. Leaving the facility for extended periods without the knowledge of staff; 18. Status of an identified medical problem (skin rash, hypertension, UTI, URI, elevated blood sugar); 19. Change in family involvement and concerns; 20. Status of the condition of a resident awaiting transfer to a higher level of care; and 21. Nursing interventions and resident response to interventions.
R 0951 8:43-9.2(g)	(g) The registered professional nurse or a physician shall be called at the onset of illness of any resident to arrange for an evaluation of the resident's nursing care needs or medical needs and for needed nursing care intervention or medical care.
R 0952 8:43-9.2(h)	(h) A resident with a temporary illness may be cared for in a residential health care facility for a period not to exceed 14 days. If a resident needs bed care for a more extended period, arrangements shall be made for his or her prompt transfer to an appropriate health care facility.
R 0953 8:43-9.2(i)	(i) Each resident shall have an annual physical examination by a physician, which shall be documented in the resident's record. The physician shall certify annually that the resident does not have needs, which exceed the care provided by the residential health care facility.

	A collaborating physician may delegate responsibility for the physical examination to a nurse practitioner/clinical nurse specialist, in accordance with N.J.A.C. 13:37-7.
R 0954 8:43-9.2(j)	(j) Residents shall be permitted free choice of a physician.
R 0955 8:43-9.2(k)	(k) The administrator shall arrange for a physician to be available for emergencies, including injuries or accidents to residents, or when required by a resident's condition.
R 0956 8:43-.2(l)	(l) If the physician determines the need for a transfer to another health care facility because the residential health care facility cannot meet the resident's needs, such transfers shall be initiated promptly. The registered professional nurse shall be notified to ensure that the resident is receiving appropriate care during the transfer period.
R 0957 8:43-9.2(m)	(m) Upon completion of the annual physical required in (i) above, or more often, as determined by the physician a licensed physician shall certify that the resident does not have medical or personal care needs which exceed the level of services provided in a residential health care facility, is free from communicable diseases (that is, does not have a reportable, communicable disease which is not controlled through prophylaxis or medication), and does not require skilled nursing care.
SUBCHAPTER 10. MEDICATIONS	
8:43-10.1 Self-administration of medications	
R 0958 8:43-10.1(a)	(a) A designated employee shall provide resident supervision and/or assistance during self-administration of medications in accordance with physicians' orders, or orders from a nurse practitioner/clinical nurse practitioner who has written joint protocols with a collaborating physician, in accordance with N.J.A.C. 13:37. Any employee who has been designated to provide resident supervision or assistance during self-administration of medications shall have received training from the health maintenance and monitoring director, the provider pharmacist, or the consultant pharmacist.
R 0960 8:43-10.1(a)(1)	1. The facility shall document the provision of training to each employee who has been designated to provide resident supervision and/or assistance with self-administration of medications.
R 0962 8:43-10.1(a)(2)	2. The facility shall document any observed instance where medications are not taken in accordance with physician's orders.
R 0963 8:43-10.1(a)(3)	3. If the facility fails to substantially comply with the requirements of this subchapter, or if the facility has significant deficiencies relating to self-administration of medications, the Department may require additional documentation, including, but not limited to, documentation of every observed instance when medications are taken.
R 0964 8:43-10.1(b)	(b) In facilities where there is a licensed staff nurse on site who is provided by the facility to administer medications, each resident has the option to choose either to have the nurse administer medications, in accordance with professional nursing standards of practice, or to self-administer the medications.
8:43-10.2 Designation of a consultant pharmacist	
R 0965 8:43-10.2(a)(1-5)	<p>(a) The facility shall designate a consultant pharmacist who shall be responsible for the direction, provision, and quality of pharmaceutical services. The consultant pharmacist may be the director of pharmaceutical services or pharmacist provider. The consultant pharmacist shall be responsible for, but not limited to, the following:</p> <ol style="list-style-type: none"> 1. Training of employees; 2. Educating staff and residents regarding medications; 3. Establishing policies and procedures which ensure safe and appropriate self-administration of medications; 4. Drug regimen review signed by the consultant pharmacist at least quarterly; and 5. Inspecting all areas in the facility where medications are stored and maintaining records of such inspections.

R 0967 8:43-10.2(b)	(b) The consultant pharmacist shall be present in the facility at least quarterly and shall provide written reports to the administrator and to the health maintenance and monitoring nurse.
8:43-10.3 Storage of medications	
R 0968 8:43-10.3(a)(1-5)	<p>(a) The facility shall provide a medication storage area of sufficient size for the storage of all medications of residents, and shall assure that:</p> <ol style="list-style-type: none"> 1. The storage area shall be conveniently located and adequately lighted; 2. The storage area shall be kept locked when not in use; 3. The storage area shall be used only for storage of medications and medical supplies; 4. The key to the storage area shall be kept on the person on duty responsible for resident supervision; and 5. Each resident's medications shall be kept separated in the storage area, with the exception of large volume medications, which may be labeled and stored together in the storage area.
R 0973 8:43-10.3(b)	(b) If a resident is authorized through a written physician's order, or order from a nurse practitioner/clinical nurse practitioner who has written joint protocols with a collaborating physician in accordance with N.J.A.C. 13:37, to store medications in such resident's room, the facility shall provide a secure locked area for storage of such medications which complies with the requirements for medication storage areas stated in (a) 1 and 2 above. Exceptions for emergency medications to remain unlocked in the resident's room may be made with the approval of the consultant pharmacist.
R 0974 8:43-10.3(c)	(c) Medications shall be stored in accordance with manufacturer's instructions
R 0975 8:43-10.3(d)	(d) Medications which require refrigeration, shall be properly maintained. The refrigerator shall have a thermometer to indicate temperature in conformance with U.S.P. (United States Pharmacopoeia) requirements contained in the National Formulary, USP23, NF18, published by the U.S. Pharmacopoeia Convention, 12601 Twinbrook Parkway, Rockville, MD 20852, incorporated herein by reference. If medications are stored in a refrigerator in common with food, medications shall be stored in a locked container.
R 0976 8:43-10.3(e)(1)	<p>(e) All medications shall be kept in their original containers and shall be properly labeled and identified.</p> <ol style="list-style-type: none"> 1. The label of each resident's prescription medication container shall be permanently affixed and contain the resident's full name, physician's name, prescription number, name and strength of drug, directions for use, date of issue, manufacturer's name if generic, and cautionary and/or accessory labels. If a generic substitute is used, the drug shall be labeled according to the Drug Utilization Review Council Formulary, N.J.A.C. 8:70 and N.J.S.A. 24:6E-1 et seq. Required information appearing on individually packaged drugs or within an alternate medication delivery system need not be repeated on the label.
R 0977 8:43-10.3(e)(2)	<ol style="list-style-type: none"> 2. All over-the-counter (OTC) medications repackaged by the pharmacy shall be labeled with name and strength of the drug, date of issue, manufacturer's name if generic, and cautionary and/or accessory labels. Original manufacturer's containers shall be labeled with at least the resident's name, and the name label shall not obstruct any of the aforementioned information.
R 0978 8:43-10.3(e)(3)	<ol style="list-style-type: none"> 3. If a unit dose drug distribution system is used, each dose of medication shall be individually packaged in a hermetically sealed, tamper-proof container, and shall carry full manufacturer's disclosure information on each discrete dose. Disclosure information shall include, but not be limited to, the following: product name and strength, directions for use, and manufacturer's or distributor's name. ("Bingo" or punch card systems are not required to have each discrete dose labeled.)
R 0979 8:43-10.3(f)	(f) Single use and disposable items shall not be reused.
R 0980	(g) Discontinued or expired medications shall be destroyed within 30 days or, where

8:43-10.3(g)	possible, returned to the pharmacy. All medication destruction in the facility shall be witnessed by two persons, each of whom shall be either the administrator, the licensed nurse or the consultant pharmacist.
SUBCHAPTER 11. RECREATIONAL SERVICES	
8:43-11.1 Provision of recreational services	
R 0981 8:43-11.1(a)	(a) A planned, diversified program of recreational activities shall be offered at least six days a week, including individual and/or group activities, on-site or off-site, to meet the needs of residents. The administrator or the administrator's designee shall be responsible for the direction, provision and quality of the recreational services, shall post a current recreational activities schedule where it can be read by residents and staff, and shall ensure that activities are carried out in accordance with the schedule.
R 0982 8:43-11.1(b)	(b) Indoor and outdoor recreational activities shall be provided.
R 0983 8:43-11.1(c)	(c) Residents shall have the opportunity to organize and participate in a resident council that presents the resident's concerns to the administrator of the facility
SUBCHAPTER 12. EMERGENCY SERVICES AND PROCEDURES	
8:43-12.1 Emergency medical services	
R 0984 8:43-12.1(a)	(a) The facility shall have a procedure to access all available emergency medical services.
R 0985 8:43-12.1(b)	(b) The facility shall have a written plan for arranging for emergency transportation of residents to another health care facility for care and returning them to the residential health care facility.
R 0986 8:43-12.1(c)	(c) The facility shall maintain first aid supplies to meet the emergency needs of the residents. The supplies shall be approved by the physician who is available for resident emergencies and reviewed by the provider pharmacist.
8:43-12.2 Emergency plans and procedures	
R 0987 8:43-12.2(a)(b)(c)	<p>(a) The facility shall develop written emergency plans, policies, and procedures which shall include plans and procedures to be followed in case of medical emergencies, power failures, fire, or natural disasters. The emergency plans shall be filed with the Department of Health and Senior Services and the Department shall be notified when the plans are changed. Copies of emergency plans shall also be forwarded to both municipal and county emergency management officials for their review.</p> <p>(b) The emergency plans, including a written evacuation diagram specific to the unit that includes evacuation procedure, location of fire exits, alarm boxes, and fire extinguishers, and all emergency procedures shall be conspicuously posted throughout the facility. All employees shall be trained in procedures to be followed in the event of a fire and instructed in the use of fire-fighting equipment and resident evacuation as part of their initial orientation and at least annually thereafter.</p> <p>(c) Procedures for emergencies shall specify persons to be notified, process of notification and verification of notification, locations of emergency equipment and alarm signals, evacuation routes procedures for evacuating residents, procedures for reentry and recovery, frequency of fire drills, tasks and responsibilities assigned to all personnel, and shall specify medications and records to be taken from the facility upon evacuation and to be returned following the emergency.</p>
8:43-12.3 Drills and tests	
R 0990 8:43-12.3(a)	(a) The facility shall conduct at least one fire drill every month, of which at least one annually shall take place during every working shift. The facility shall maintain documentation of all drills, including the date, hour, description of the drill, participating staff, and signature of the person in charge. All on-duty staff and all residents shall participate in drills.

R 0991 8:43-12.3(b)	(b) The facility shall request of the local fire department that at least one joint fire drill be conducted annually. Upon scheduling a joint fire drill, the facility shall notify first aid and civil defense agencies of this drill and shall participate in community-wide disaster drills.
R 0992 8:43-12.3(c)	(c) The facility shall maintain documentation that the fire detection/alarm system has been tested at least once per year
R 0993 8:43-12.3(d)	(d) Fire extinguishers shall be conspicuously hung, kept easily accessible, shall be visually examined monthly and the examination shall be recorded on a tag which is attached to the fire extinguisher. Fire extinguishers shall also be inspected and maintained in accordance with manufacturers' requirements and N.J.A.C. 5:70. Each fire extinguisher shall be labeled to show the date of such inspection and maintenance
SUBCHAPTER 13. RESIDENT RECORDS	
8:43-13.1 Maintenance of resident records	
R 0994 8:43-13.1(a)	(a) A current, complete record shall be maintained for each resident.
R 0995 8:43-13.1(b)	(b) Records and information regarding the individual resident shall be considered confidential and the resident shall have the opportunity to examine such records, in accordance with facility policies. The written consent of the resident shall be obtained for release of his or her records to any individual not associated with the facility, except in the case of the resident's transfer to another health care facility, or as required by law, third-party payor, or authorized government agencies.
R 0996 8:43-13.1(c)	(c) All resident's medical records shall be maintained for a period of 10 years after the discharge of a resident from the home, in accordance with N.J.S.A. 26:8-5.
R 0997 8:43-13.1(d)(1)(i)	<p>(d) The following records shall be maintained and shall be kept available on the premises for review at any time by representatives of the Department of Health and Senior Services:</p> <ol style="list-style-type: none"> 1. A register which contains a current census of all residents, along with other pertinent information, shall be maintained by each residential health care facility. The following standards for maintaining the register shall apply: <ol style="list-style-type: none"> i. The administrator or the administrator's designee shall make all entries in the register and shall be responsible for its maintenance and safe-keeping; ii. The register shall be kept up-to-date at all times. Admissions, discharges and discharge destination, and other changes shall be recorded within 48 hours; iii. The register, which is a permanent record, shall be kept in a safe place, in a fire-resistant container; and iv. All entries into the register shall be clear, legible, and written in ink or typed.
R 1001 8:43-13.1(d)(2)(i)	<ol style="list-style-type: none"> 2. Each resident's record shall include at least the following : <ol style="list-style-type: none"> i. The resident's completed admission application and all records forwarded to the facility;
R 1002 8:43-13.1(d)(2)(ii)	<ol style="list-style-type: none"> ii. The resident's name, last address, date of birth, name and address of sponsor or interested agency, date of admission, date of discharge (and discharge destination) or death, the name, address and telephone number of physician to be called, and the name and address of nearest relative, guardian, responsible person, or interested agency, documentation of the existence or nonexistence of an advance directive and the facility's inquiry of the resident concerning this, together with any other information the resident wishes to have recorded;
R 1003 18:43-3.1(d)(2)(iii)	<ol style="list-style-type: none"> iii. A statement by a physician of the individual's suitability for admission to the facility, as specified in N.J.A.C. 8:43-4.12(c). The administrator or the administrator's designee shall be

	responsible for having the certification properly completed and signed by a physician. When first contact is made regarding the placement of an individual in the facility, the administrator or the administrator's designee shall inform the individual making the inquiry that the medical certification must be completed before admission;
R 1004 18:43-3.1(d)(2)(iv)	iv. Whenever a resident dies in the residential health care facility, the administrator or the administrator's designee shall include written documentation from the physician of the date and time of death, the name of the person who pronounced the death, disposition of the body, and a record of notification of the family;
R 1005 8:43-13.1(d)(2)(v)	v. A complete record of physicians' or nurse practitioner/certified nurse specialist visits, as known by the facility, including dates and physician's or NP/CNS comments if applicable; and
R 1006 8:43-13.1(d)(2)(vi)	vi. Annual nursing assessments and nurse's health monitoring and maintenance notes, entered in accordance with N.J.A.C. 8:43-9.2 or more frequently based on individual resident's needs
R 1007 8:43-13.1(d)(3)	3. The admission agreement shall be maintained in the facility, in accordance with facility policies.
SUBCHAPTER 14. RESIDENT RIGHTS	
8:43-14.1 Policies and procedures regarding resident rights	
R 1008 8:43-14.1(a)	(a) The facility shall establish and implement written policies regarding the rights and responsibilities of residents, and shall be responsible for developing and adhering to procedures implementing such policies. These policies and procedures and a copy of N.J.S.A. 55:13B-17 et seq. shall be given to residents and their next of kin and/or sponsors and/or guardians, and to each member of the facility's staff. These policies and procedures and N.J.S.A. 55:13B-17 et seq. shall also be conspicuously posted in the facility.
R 1009 8:43-14.1(b)	(b) Each employee of the facility, upon employment, shall receive inservice education concerning the implementation of policies and procedures regarding resident rights.
R 1010 8:43-14.1(c)	(c) The facility shall comply with all applicable State and Federal statutes, rules, and regulations concerning resident rights, including N.J.S.A. 52:27G-7.1 et seq. and P.L. 1979, c.500, N.J.S.A. 55:13B-17 et seq.
R 1011 8:43-14.1(d)	(d) Any suspected case of resident abuse or exploitation shall be reported to the county welfare agency, in accordance with P.L. 1979, c.469, The Rooming and Boarding House Act of 1979. If the resident is 60 years of age or older, the State of New Jersey Office of the Ombudsman for the Institutionalized Elderly shall also be notified, pursuant to N.J.S.A. 52:27G-7.1 et seq.
8:43-14.2 Rights of each resident	
R 1012 8:43-14.2(a)(1)	(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility: 1. Is informed of these rights, as evidenced by his or her written acknowledgment, and is given a statement of these rights and the facility's rules and regulations, and an explanation of the resident's responsibility to adhere to all regulations of the facility and to respect the personal rights and private property of other residents;
R 1013 8:43-14.2(a)(2)	(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility: 2. Is informed, and is given a written statement prior to or at the time of admission and during stay, as documented in the resident's record, of services available in the facility and of all charges including room, board, laundry, and personal services, and is given written notification of at least 30 days prior to any change in charges. This statement shall include the payment, fee, deposit, and refund policy of the facility;
R 1014 8:43-14.2(a)(3)	(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:

	<p>3. Is allowed to retain the services of his or her personal physician at his or her own expense or under a third-party payment system; is assured of assistance in obtaining medical care; may refuse medication and treatment, after being informed of the effects of such actions; and may refuse to participate in research projects (but if the resident chooses to participate, his or her informed written consent shall be obtained);</p>
<p>R 1015 8:43-14.2(a)(4)(i)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>4. Is, except in the case of an emergency, transferred or discharged only for medical reasons or for his or her welfare or that of other residents upon the written order of the resident's physician, who shall document the reason for the transfer or discharge in the resident's record, or for nonpayment for the resident's stay, or for repeated violations of the facility's written rules and regulations after being advised of them in writing, if required by the Department, or to comply with clearly expressed and documented resident choice, or in conformance with the New Jersey Advance Directives for Health Care Act, N.J.S.A. 26:2H-53 et seq., as specified in N.J.A.C. 8:43-4.16;</p> <p>i. If a transfer or discharge on a non-emergency basis is requested by the facility, the resident or, in the case of an adjudicated mentally incompetent resident, the next of kin and/or sponsor and/or guardian, shall be given at least 30 days advance notice in writing of such transfer or discharge;</p>
<p>R 1016 8:43-14.2(a)(5)(i-ii)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>5. Is encouraged and assisted, throughout the period of stay, to exercise rights as a resident and as a citizen, and to this end may voice grievance on behalf of himself or herself or others, initiate action for damages or other relief for deprivations or infringements of the right to treatment and care established by any applicable statute, rule, regulation, or contract, and recommend changes in policies and services to facility personnel and/or to outside representatives of the resident's choice, free from restraint, interference, coercion, discrimination, or reprisal.</p> <p>i. The administrator shall provide all residents and/or next of kin and/or sponsors and/or guardians with the following names, addresses, and telephone numbers where complaints may be lodged:</p> <p style="padding-left: 40px;">Division of Long Term Care Systems New Jersey State Department of Health and Senior Services P.O. Box 367 Trenton, N.J. 08625-0367 Telephone: (800) 792-9770; And State of New Jersey Office of the Ombudsman for the Institutionalized Elderly PO Box 808 Trenton, N.J. 08625-0808 Telephone: (800) 792-8820</p> <p>ii. These telephone numbers shall be conspicuously posted in the facility at every public telephone and on all bulletin boards used for posting public notices. The facility shall also conspicuously post the name, address, and telephone number of the county welfare agency and the county office on aging;</p>
<p>R 1018 8:43-14.2(a)(6)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p>

	<p>6. Is free from mental and physical abuse, free from exploitation, in accordance with N.J.S.A. 52:27G-7.1, and free from chemical and physical restraints. Drugs and other medication shall not be used for punishment, for convenience of facility personnel, or in quantities that interfere with a resident's living activities;</p>
<p>R 1019 8:43-14.2(a)(7)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>7. Is allowed to keep and use his or her personal property, including at least clothing and personal possessions used on a daily basis, unless this would be unsafe, impractical, or an infringement on the rights of other residents. The residential health care facility must provide reasonable protection of the resident's personal possessions from theft, loss, and misplacement;</p>
<p>R 1020 8:43-14.2(a)(8)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>8. Is assured confidential treatment of his or her personal and health and social records and has the opportunity to examine such records. The written consent of the resident shall be obtained for release of his or her records to any individual outside the facility, except in the case of the resident's transfer to another health care facility, or as required by law or third-party payor;</p>
<p>R 1021 8:43-14.2(a)(9)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>9. Is treated with consideration, respect, and full recognition of his or her dignity, individuality, and right to privacy, including, but not limited to, privacy concerning his or her treatment and condition and the care of his or her personal needs. Privacy of the resident's body shall be maintained during, but not be limited to, toileting, bathing, and other activities of personal hygiene, except as needed for resident safety or assistance;</p>
<p>R 1022 8:43-14.2(a)(10)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>10. Is not required to perform services for the facility. If the resident volunteers to perform services for the facility, the resident shall receive supervision;</p>
<p>R 1023 8:43-14.2(a)(11)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>11. May associate and communicate privately with persons of his or her choice, may have reasonable opportunities for private and intimate physical and social interaction with other people, may join with other residents or individuals within or outside the facility to work for improvements in resident care, may send and receive personal mail unopened, and upon his or her request, shall be given assistance in the reading and writing of correspondence</p>
<p>R 1024 8:43-14.2(a)(11)(i)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>i. The facility shall, with the consent of the resident being visited, permit visitors, legal services representatives, employees of the Department of the Public Advocate, employees and volunteers of the Office of the Ombudsman for the Institutionalized Elderly in the Department of Community Affairs, representatives of governmental welfare and social agencies, and all governmental representatives full and free access at a reasonable hour to the facility in order to visit with, and make personal, social and legal services available to all residents;</p>

R 1025 8:43-14.2(a)(12)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>12. May participate in facility activities, and meet with, and participate in activities of, social, religious, and community groups at his or her discretion; and has the opportunity for physical exercise and the opportunity to be outdoors;</p>
R 1026 8:43-14.2(a)(13)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>13. Is allowed to leave the facility. If the resident's absence is medically contraindicated. The physician or other appropriate person(s) shall be notified in the event that the resident leaves the facility;</p>
R 1027 8:43-14.2(a)(14)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>14. May retain and use personal property in his or her immediate living quarters, so as to maintain individuality and personal dignity, except where the facility can demonstrate that such would be unsafe, impractical to do so, infringes upon the rights of others and that mere convenience is not the facility's motive to restrict this right. If the resident has property on deposit with the facility, he or she shall have daily access to such property during specific periods established by the facility, and at a reasonable hour;</p>
R 1028 8:43-14.2(a)(15)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>15. Has the right to unrestricted communication, including personal visitation with any person of his or her choice during visiting hours, which must be set at reasonable times and for no less than 12 hours per day. The facility shall develop policies specifying times when visits are allowed and shall conspicuously post its visiting hours;</p>
R 1029 8:43-14.2(a)(16)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>16. The facility shall develop policies and procedures so that the resident is allowed visits from his or her next of kin and/or sponsor and/or guardian at any time, if ill. Members of the clergy shall be notified by the facility at the resident's request, and shall be admitted at the request of the resident and/or next of kin and/or sponsor and/or guardian at any time. Privacy shall be ensured for visits with his or her family, friends, clergy, social workers, attorney, counselor, advocates, or for professional or business purposes;</p>
R 1030 8:43-14.2(a)(17)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>17. Is allowed unaccompanied access to telephones, in the facility, at a reasonable hour, both to make and to receive confidential calls, and has the right to a private telephone at his or her expense. If the facility provides telephones which are coin-operated, the resident shall be charged no more than the actual cost of the call, except that an access fee no greater than the charge for a local call on a coin-operated telephone may be charged;</p>
R 1031 8:43-14.2(a)(18)	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>18. Is not required to go to bed and has the right to be outside his or her bedroom;</p>

<p>R 1032 8:43-14.2(a)(19)(i-iv)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>19. Is allowed, or his or her next of kin and/or sponsor and/or guardian and/or conservator, as defined in N.J.S.A. 3B:13A-1 through 13A-36, P.L. 1983, c.192, is allowed, to manage the resident's personal financial affairs, or is given at least a quarterly written statement of financial transactions made on his or her behalf, should the facility accept his or her written delegation of this responsibility.</p> <p>i. The written delegation of responsibility shall be witnessed by a person who is unconnected with the facility, its operations, and its personnel, and shall be included in the resident's record;</p> <p>ii. The financial statement shall account for all the resident's property on deposit at the beginning of the quarter, all deposits and withdrawals transacted during the quarter (substantiated by receipts given to the resident or his or her next of kin and/or sponsor and/or guardian), and the property on deposit at the end of the quarter;</p> <p>iii. The facility shall maintain a monthly written record for each resident who receives Social Security Administration (SSA) and/or Supplemental Security Income (SSI) checks. The written record shall include the resident's name, the date and amount of each check, the date and amount of each disbursement, the reasons for each disbursement, and to whom each disbursement was made;</p> <p>iv. Each resident residing in a residential health care facility who receives benefits generated from the Home Energy Assistance Program in accordance with N.J.A.C. 10:89 may, but shall not be required to, provide the owner, operator, employee, or their representative with any portion of monies provided through the Home Energy Assistance Program. No owner, operator, employee, or representative of the facility shall coerce, intimidate, or exploit residents into providing them with any portion of their home energy assistance checks</p>
<p>R 1036 8:43-14.2(a)(20)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>20. Is assured of exercising civil and religious liberties, including the right to independent personal decisions. No religious beliefs or practices, or any attendance at religious services, shall be imposed upon any resident or facility. Knowledge of available choices shall not be infringed upon and the facility shall encourage and assist in the exercise of these rights. Arrangements shall be made, at the resident's expense, for attendance at religious services of his or her choice when requested;</p>
<p>R 1037 8:43-14.2(a)(21)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>21. Is not the object of discrimination with respect to participation in recreational activities, meals, social or other functions. The resident's participation may be restricted or prohibited if recommended by the resident's physician in the resident's record, and consented to by the resident;</p>
<p>R 1038 8:43-14.2(a)(22)</p>	<p>(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility:</p> <p>22. Is not deprived of any constitutional, civil, and/or legal rights solely by reason of admission to the facility. Such rights shall include, but not be limited to, the right to gainful employment, to move to a different living arrangement, to wear his or her own clothing, and</p>

	to determine his or her own dress, hair style, and other personal choices according to individual preference; and
R 1039 8:43-14.2(a)(23)	(a) Resident rights, policies, and procedures shall ensure that, as a minimum, each resident admitted to the facility: 23. Is allowed to discharge himself or herself from the facility upon presentation of a written notice to the administration and, in the case of an adjudicated mentally incompetent resident, upon the written consent of his or her next of kin and/or sponsor and/or guardian.
SUBCHAPTER 15. HOUSEKEEPING, SANITATION, SAFETY AND MAINTENANCE	
8:43-15.1 Provision of housekeeping, sanitation, safety and maintenance services	
R 1040 8:43-15.1(a)	(a) The facility shall provide and maintain a sanitary, safe and homelike environment for residents
R 1041 8:43-15.1(b)	(b) The facility shall provide housekeeping, laundry, pest control, and maintenance services.
R 1042 8:43-15.1(c)	(c) Written objectives, policies, a procedure manual, and an organizational plan for housekeeping, sanitation, safety, laundry and maintenance services shall be developed and implemented
8:43-15.2 Housekeeping	
R 1043 8:43-15.2(a)	(a) A written work plan for housekeeping operations shall be established and implemented, with categorization of cleaning assignments as daily, weekly, monthly, or annually within each area of the facility.
R 1044 8:43-15.2(b)	(b) Procedures shall be developed for selection and use of housekeeping and cleaning products and equipment.
R 1045 8:43-15.2(c)	(c) Housekeeping personnel shall be trained in cleaning procedures within the scope of their responsibility, including the use, cleaning, and care of equipment.
8:43-15.3 Resident environment	
R 1046 8:43-15.3 (a)(1-13)&(b)(1-10)	(a) The following housekeeping and sanitation conditions shall be met: 1. The facility and its contents, including all environmental surfaces, shall be clean to sight and touch and free of dirt and debris; 2. All rooms shall be ventilated to help prevent condensation, mold growth, and noxious odors; 3. All resident areas shall be free of noxious odors; 4. All facility furnishings shall be clean and in good repair, and facility mechanical equipment shall be in working order. Broken or worn items shall be repaired, replaced, or removed promptly; 5. All equipment and materials necessary for cleaning, disinfecting, sanitizing, and sterilizing (if applicable) shall be provided; 6. Thermometers which are accurate to within three degrees Fahrenheit shall be maintained in refrigerators, freezers, and storerooms used for perishable and other items subject to deterioration, in accordance with Chapter 12 of the New Jersey Sanitary Code, Retail Food Establishments, N.J.A.C. 8:24;

	<p>7. Sufficient and adequately lighted storage space shall be provided in the facility for the proper storage of residents' clothing, linens, drugs, food, cleaning and other supplies;</p> <p>8. Articles in storage shall be elevated from the floor and away from walls (if moisture is present), ceilings, and air vents;</p> <p>9. Unobstructed aisles shall be provided in storage areas;</p> <p>10. Effective and safe controls shall be used to minimize and eliminate the presence of rodents, flies, roaches and other vermin in the facility. The premises shall be kept in such condition as to prevent the breeding, harborage, or feeding of vermin. All openings to the outer air shall be effectively protected against the entrance of insects;</p> <p>11. Items that come in contact with open skin or mucous membranes shall be sterilized or, at a minimum, receive high level disinfection;</p> <p>12. Items that come in contact with intact skin, such as bedpans, toilets and sinks, shall be disinfected, using a process for disinfection established by the facility as specified above, at N.J.A.C. 8:43-15.2; and</p> <p>13. Toilet tissue, soap, paper towels or air dryers, and waste receptacles shall be provided in each bathroom at all times. Resident's personal cloth towels may be used instead of paper towels in private or semi-private bathrooms. A self-draining dish or device shall be provided for storage of bar soap, if bar soap is used.</p> <p>(b) The following safety conditions shall be met:</p> <p>1. Scatter rugs shall not be permitted, except that residents may have the option to use scatter rugs, which have non-skid backing in individual resident bedrooms. The facility shall ensure that scatter rugs are only used in a manner that does not jeopardize resident safety. Floor shall be coated with slip-resistant floor finish. Carpeting shall be kept clean and odor free and shall not be frayed, worn, torn, or buckled;</p> <p>2. Pesticides shall be applied in accordance with N.J.A.C. 7:30;</p> <p>3. All household, cleaning and personal care products in the facility shall be identified and labeled. All poisonous and toxic materials shall be identified, labeled, and stored in a locked cabinet or room. The facility shall ensure that all household and cleaning products in a resident's possession are stored in the resident's locked room or other secure location. The telephone number of the poison control center shall be conspicuously posted in the facility;</p> <p>4. Combustible materials shall not be stored in heater rooms or within 18 feet of any heater;</p> <p>5. Paints, varnishes, lacquers, thinners, and all other flammable materials shall be stored in closed metal cabinets or containers and away from open flames and other sources of heat;</p> <p>6. Wastebaskets and ashtrays shall be made of noncombustible materials;</p>
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	<p>7. If pets are allowed in the facility, the facility shall provide safeguards to prevent interference in the lives of residents. (See recommendations concerning pet facilitated therapy, Appendix D).</p> <p>8. The use of open fireplaces shall be restricted to the living and recreation rooms of the building;</p> <ul style="list-style-type: none"> i. When a fireplace is in use it shall be protected by a metal screen or glass enclosure; ii. When a fireplace is in use it shall be under the supervision of a responsible employee; iii. All ashes shall be kept in metal containers; <p>9. An electrician licensed in accordance with N.J.A.C. 13:31 shall annually inspect and provide a written statement that the electrical circuits and wiring in the facility are satisfactory and in safe condition;</p> <ul style="list-style-type: none"> i. The written statement shall include the date of inspection, and shall indicate that circuits are not overloaded, that all wiring and permanent fixtures are in safe condition, and that all portable electrical appliances, including lamps, are Underwriters Laboratories (U.L.) approved; ii. The written statement shall be forwarded annually to the New Jersey Department of Health and Senior Services, Division of Long Term Care Systems Development and Quality; and <p>10. All partitions in the basement shall be constructed of noncombustible material.</p>
8:43-15.4 Waste removal	
R 1072 8:43-15.4(a)	(a) All solid or liquid waste which is not regulated medical waste, garbage, and trash shall be collected, stored, and disposed of in accordance with the rules of the New Jersey State Department of Environmental Protection and the New Jersey State Department of Health and Senior Services (N.J.A.C. 8:24). Solid waste shall be stored in insect-proof, rodent-proof, fireproof, nonabsorbent, watertight containers with tightfitting covers and collected from storage areas regularly so as to prevent nuisances such as odors. Procedures and schedules shall be established and implemented for the cleaning of storage areas and containers for solid or liquid waste, garbage, and trash, in accordance with N.J.A.C. 8:24.
R 1073 8:43-15.4(b)	(b) Garbage compactors shall be located on an impervious pad that is graded to a drain. The drain shall be unobstructed and connected to the sanitary sewage disposal system.
R 1074 8:43-15.4(c)	(c) Plastic bags shall be used for solid waste removal. Plastic bags used for solid waste removal shall be of sufficient strength to safely contain waste from point of origin to point of disposal and shall be effectively closed prior to disposal.
8:43-15.5 Heating and air conditioning	
R 1075 8:43-15.5(a)	(a) The heating and, if applicable, air conditioning system shall be adequate to maintain the required temperature in all areas used by residents. When the heating system is used, the temperature in the facility shall be kept at a minimum of 72 degrees Fahrenheit (22 degrees Celsius) during the day ("day" means the time between sunrise and sunset) and 68 degrees Fahrenheit (20 degrees Celsius) at night, when residents are in the facility.
R 1076 8:43-15.5(a)(1)	1. Filters for heaters and air conditioners shall be provided and maintained in accordance with manufacturer's specifications.
R 1077 8:43-15.5(a)(2)	2. Tanks for all new installations of oil furnaces or other equipment shall be located outside the building. Previously installed oil storage tanks shall have the vent pipe and fill pipe located outside the building.
R 1078 8:43-15.5(a)(3)	3. An identifiable electrical emergency shut-off switch shall be provided, on the first floor, for any oil burner.
R 1079 8:43-15.5(a)(4)	4. Portable heaters shall not be permitted

R 1080 8:43-15.5(b)(1)	<p>(b) During warm weather conditions, the temperature of the facility shall not exceed 82 degrees Fahrenheit.</p> <p>1. The facility shall establish a written heat emergency action plan which specifies procedures to be followed in the event that the indoor air temperature is 83 degrees Fahrenheit or higher for a continuous period of four hours or longer. The facility shall provide for and operate adequate ventilation in all areas used by residents.</p>
8:43-15.6 Water supply	
R 1081 8:43-15.6(a)	(a) The water supply used for drinking or culinary purposes shall be adequate in quantity, of a safe and sanitary quality, and from a water system which shall be constructed, protected, operated, and maintained in conformance with the New Jersey Safe Drinking Water Act, N.J.S.A. 58:12A-1 et seq., N.J.A.C. 7:10, and local laws, ordinances, and regulations. Copies of the Safe Drinking Water Act can be obtained from the Department of Environmental Protection, Bureau of Potable Water, PO Box 209, Trenton, New Jersey 08625-0209.
R 1082 8:43-15.6(b)	(b) There shall be no back-siphonage conditions present.
R 1083 8:43-15.6(c)	(c) There shall be no cross connections between city and well water supplies. When the facility uses well water for potable water every day, a double check valve shall be permitted if the facility has approval for such use from the water company and the New Jersey State Department of Environmental Protection.
R 1084 8:43-15.6(d)	(d) The temperature of the hot water used for bathing and handwashing shall be maintained between 95 degrees and 110 degrees Fahrenheit (35 to 43 degrees Celsius).
R 1085 8:43-15.6(e)	(e) Equipment requiring drainage, such as ice machines, shall be drained to a sanitary connection.
R 1086 8:43-15.6(f)	(f) The sewage disposal system shall be maintained in good repair and operated in compliance with State and local laws, ordinances, and regulations.
8:43-15.7 Building and grounds maintenance	
R 1087 8:43-15.7(a)	(a) The building and grounds shall be well maintained at all times. The interior and exterior of the building shall be kept in good condition to ensure an attractive appearance, provide a pleasant atmosphere, and safeguard against deterioration. The building and grounds shall be kept free from fire hazards and other hazards to resident's health and safety.
R 1088 8:43-15.7(b)	(b) A written work schedule for building and grounds maintenance operations shall be established and implemented, with categorization of maintenance assignments as daily, weekly, monthly, or annually within each area of the facility and the grounds.
8:43-15.8 Laundry services	
R 1089 8:43-15.8(a)(1)	<p>(a) Written policies and procedures shall be established and implemented for the facility's laundry services, including, but not limited to, policies and procedures regarding the following:</p> <ol style="list-style-type: none"> 1. The storage and transportation of laundry; 2. Collection and storage of soiled laundry in a ventilated area; 3. Protection of clean laundry from contamination during processing, transporting, and storage; and 4. Handling and laundering of resident's clothing and personal items separately from other laundry.
R 1093 8:43-15.8(b)	(b) Soiled laundry shall be stored in a ventilated, vermin-proof area, separate from laundry supplies, and shall be stored, sorted, rinsed, and laundered only in areas specifically designated for those purposes.
R 1094 8:43-15.8(c)	(c) All soiled laundry from resident rooms and other service areas shall be stored, transported, collected, and delivered in a covered laundry bag or cart. Laundry carts shall be in good repair, kept clean, and identified for use with either clean or soiled laundry.

R 1095 8:43-15.8(d)	(d) Clean laundry shall be protected from contamination during processing, storage, and transportation within the facility.
R 1096 8:43-15.8(e)	(e) Soiled and clean laundry shall be kept separate. An established procedure shall be followed to reduce the number of bacteria in the fabrics. Equipment or surfaces such as tables that come into contact with soiled laundry shall be sanitized after use.
R 1097 8:43-15.8(f)	(f) Residents who choose to launder their personal items shall be provided with in-house assistance and resident supervision, as required, in accordance with a schedule developed by the facility which will allow such residents access at a reasonable hour.
R 1098 8:43-15.8(g)	(g) If the facility provides an on-premises laundry in lieu of using a commercial laundry service, it shall provide a receiving, holding, and sorting area with hand-washing facilities in close proximity. The walls, floors, and ceilings of the area shall be clean and in good repair. Ventilation shall be adequate to prevent heat and odor build-up. If a structural change is required by this section, the facility shall demonstrate an alternate system to meet the requirements of all subsections of this section.
SUBCHAPTER 16. INFECTION PREVENTION AND CONTROL SERVICES	
8:43-16.1 Infection control program	
R 2001 8:43-16.1(a)	(a) The facility shall develop and implement an infection prevention and control program.
R 2002 8:43-16.1(b)	(b) The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for the direction, provision, and quality of infection prevention and control services. The health maintenance and monitoring nurse, in coordination with the administrator, shall be responsible for, but not limited to, developing and maintaining written objectives, a policy and procedure manual, and an organizational plan for the infection prevention and control service.
8:43-16.2 Development of infection control policies and procedures	
R 2003 8:43-16.2(a)(1)	(a) The facility shall develop, implement, and review, at least annually, written policies and procedures regarding infection prevention and control. Written policies and procedures shall be consistent with the following Centers for Disease Control publications, incorporated herein by reference, as amended and supplemented: <ol style="list-style-type: none"> 1. Guidelines for Handwashing and Hospital Environmental Control, PB85-923404; 2. Guidelines for Isolation Precautions in Hospitals, PB96-138102; 3. Prevention and Control of Tuberculosis in Facilities Providing Long-Term Care to the Elderly, MMWR 39(RR-10); and 4. Prevention of Nosocomial Pneumonia, PB95-176970.
R 2007 8:43-16.2(b)	(b) Centers for Disease Control publications can be obtained from: <p style="text-align: center;">National Technical Information Service U.S. Department of Commerce 285 Port Royal Road Springfield, VA 22161</p> <p style="text-align: center;">or</p> <p style="text-align: center;">Superintendent of Documents U.S. Government Printing Office Washington, D.C. 20402</p>
R 2008 8:43-16.2(c)	(c) The facility shall document evidence of annual vaccination against influenza for each resident, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, incorporated herein by reference, unless such vaccination is medically contraindicated or the resident has refused the vaccine, in accordance with N.J.A.C. 8:43-14.2(a)3. Influenza vaccination for all residents accepting the vaccine shall be completed by November 30 of each year. Residents admitted after this date, during the flu season and up to February 1, shall, as medically appropriate, receive influenza vaccination prior to or on admission unless refused by the resident.

R 2009 8:43-16.2(d)	(d) The facility shall document evidence of vaccination against pneumococcal disease for all residents who are 65 years of age or older, in accordance with the recommendations of the Advisory Committee on Immunization Practices of the Centers for Disease Control most recent to the time of vaccination, incorporated herein by reference, unless such vaccination is medically contraindicated or the resident has refused the offer of the vaccine in accordance with N.J.A.C. 8:43-14.2(a)3. The facility shall provide or arrange for pneumococcal vaccination of residents who have not received this immunization, prior to or on admission unless the resident refuses offer of the vaccine.
8:43-16.3 General infection control policies and procedures	
R 2010 8:43-16.3(a)(1-7(i-iv))	<p>(a) Written policies and procedures shall be established and implemented regarding infection prevention and control, including, but not limited to, policies and procedures for the following:</p> <ol style="list-style-type: none"> 1. In accordance with Chapter II, New Jersey State Sanitary Code, Communicable Diseases, N.J.A.C. 8:57, a system for investigating, reporting, and evaluating the occurrence of all infections or diseases which are reportable or conditions which may be related to activities and procedures of the facility, and maintaining records for all residents or personnel having these infections, diseases, or conditions; 2. Infection control and isolation, in accordance with applicable Occupational Safety and Health Administration (OSHA) requirements (see OSHA Standards - 29 CFR - Bloodborne pathogens - 1910.1030), incorporated herein by reference; 3. Exclusion from work, and authorization to return to work, for personnel with communicable diseases; 4. Surveillance techniques to minimize sources and transmission of infection; 5. Techniques to be used during each resident contact, including handwashing before and after caring for a resident; 6. Protocols for identification of residents with communicable diseases and education of residents regarding prevention and spread of communicable diseases; and 7. Where applicable, cleaning, sterilization and disinfection practices and techniques used in the facility, including, but not limited to, the following: <ol style="list-style-type: none"> i. Care of utensils, instruments, solutions, dressings, articles, and surfaces; ii. Selection, storage, use, and disposition of disposable and nondisposable resident care items. Disposable items shall not be reused; iii. Methods to ensure that sterilized materials are packaged, labeled, processed, transported, and stored to maintain sterility and to permit identification of expiration dates; and iv. Care of urinary catheters, intravenous catheters, respiratory therapy equipment, and other devices and equipment that provide a portal of entry for pathogenic microorganisms.
R 2020 8:43-16.3(b)	(b) High-level disinfection techniques shall be used for all reusable respiratory therapy equipment and instruments that touch mucous membranes.
R 2021 8:43-16.3(c)	(c) Disinfection procedures for items that come in contact with bed pans, sinks, and toilets shall conform with protocols for cleaning and disinfection which have been established by the facility in accordance with this chapter.
R 2022 8:43-16.3(d)	(d) Personnel who have had contact with resident excretions, secretions, or blood, whether directly or indirectly, in activities such as performing a physical examination, providing catheter care, and emptying bedpans, shall wash their hands with soap and warm water for between 10 and 30 seconds or use other effective hand sanitation techniques immediately after such contact.
R 2023 8:43-16.3(e)	(e) Equipment and supplies used for sterilization, disinfection, and decontamination purposes shall be maintained according to manufacturers' specifications.
R 2024 8:43-16.3(f)	(f) Needles and syringes used by residents as part of home self-care shall be disposed of in accordance with N.J.S.A. 2A:170-25.17, and amendments thereto.

8:43-16.4 Employee health and resident policies and procedures for infection prevention and control	
R 2025 8:43-16.4(a)(1-4)&(b)	<p>(a) Each new employee, including members of the medical staff employed by the facility, upon employment and each resident upon admission shall receive a two-step Mantoux tuberculin skin test with five tuberculin units of purified protein derivative. The only exceptions shall be employees or residents with documented negative two-step Mantoux skin test results (zero to nine millimeters of induration) within the last year, employees or residents with a documented positive Mantoux skin test result (10 or more millimeters of induration), employees or residents who have received appropriate medical treatment for tuberculosis, or when medically contraindicated. Results of the Mantoux tuberculin skin tests administered to new employees or residents shall be acted upon as follows:</p> <ol style="list-style-type: none"> 1. If the first step of the Mantoux tuberculin skin test result is less than 10 millimeters of induration, the second step of the two-step Mantoux test shall be administered one to three weeks later. 2. If the Mantoux test is significant (10 millimeters or more of induration), a chest x-ray shall be performed and, if necessary, followed by chemoprophylaxis or therapy. 3. Any employee with positive results shall be referred to the employee's personal physician and if active tuberculosis is suspected or diagnosed shall be excluded from work until the physician provides written approval to return. 4. Any resident with positive results shall receive care in accordance with N.J.A.C.8:43-16.2(a)3. <p>(b) The facility shall have written policies and procedures requiring annual Mantoux tuberculin skin tests for all employees and residents except those exempted under (a) above.</p>
R 2030 8:43-16.4(c)	(c) The facility shall report annually the results of all tuberculin testing of personnel and residents, on forms provided by the Department of Health and Senior Services, Division of Epidemiology, Tuberculosis Program.
R 2031 8:43-16.4(d)	(d) Employees who have signs or symptoms of a communicable disease shall not be permitted to perform functions that expose residents to risk of transmission of the disease.
R 2032 8:43-16.4(e)	(e) If a communicable disease prevents the employee from working for a period of more than three days, a physician's statement approving the employee's return shall be required prior to the employee's return to work.
R 2033 8:43-16.4(f)	(f) The facility shall develop and implement procedures for the care of employees who become ill while at work or who have a work-related accident.
R 2034 8:43-16.4(g)	(g) The facility shall maintain records documenting contagious diseases contracted by employees during employment.
R 2035 8:43-16.4(h)	(h) The facility shall maintain listings of all residents and personnel who have infections, diseases, or conditions which are reportable to the Department pursuant to Chapter II, New Jersey State Sanitary Code, Communicable Diseases, N.J.A.C. 8:57, unless prohibited by Federal or State law.
R 2036 8:43-16.4(i)	(i) All residents shall be provided with an opportunity to wash their hands before each meal and shall be encouraged to do so. Staff shall wash their hands before each meal and before assisting residents in eating.
8:43-16.5 Staff education and training for infection prevention and control	
R 2037 8:43-16.5	All employees shall be informed about the facility's infection control procedures, including personal hygiene requirements.

8:43-16.6 Regulated medical waste	
R 2038 8:43-16.6(a)	(a) Regulated medical waste shall be collected, stored, handled, and disposed of in accordance with applicable Federal and State laws and regulations.
R 2039 8:43-16.6(b)	(b) The facility shall comply with the provisions of N.J.S.A. 13:1E-48.1 et seq., the Comprehensive Regulated Medical Waste Management Act, and all rules promulgated pursuant to the aforementioned Act, including, but not limited to, N.J.A.C. 7:26-3A.
R 9999 Final Remarks	